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PROGRAMME DEVELOPMENT IN THE EASTERN AND SOUTHERN AFRICA REGION

The present document provides an overview of UNICEF programme co-operation in the Eastern and Southern Africa region during 1989.

The UNICEF regional office for Eastern and Southern Africa has responsibility for UNICEF co-operation in the following countries: Angola, Botswana, Burundi, Comoros, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Sao Tome and Principe, Seychelles, Somalia, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

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CONTENTS

		Paragraphs	Page
I.	REGIONAL OVERVIEW	1 - 5	3
II.	PROGRAMMES	6 - 75	4
	A. Health	6 - 29	4
	B. Household food security and nutrition	30 - 37	10
	C. Basic education	38 - 44	12
	D. Women's economic activities and integration	45 - 58	13
	E. Children in especially difficult circumstances	59 - 64	16
	F. Emergencies	65 - 71	17
	G. Monitoring and evaluation	72 - 75	19
III.	EXTERNAL RELATIONS	76 - 86	20
	A. Social mobilization and advocacy	76 - 81	20
	B. Communications support	82 - 86	21
IV.	OPERATIONAL ISSUES	87 - 100	22
	A. The role of the regional office	87 - 95	22
	B. Office management	96 - 100	25

I. REGIONAL OVERVIEW

1. While peace initiatives and an increasing awareness of children's concerns in the Eastern and Southern Africa region offered some glimmers of hope, the environment in which UNICEF carried out its work in 1989 was shaped and influenced by continuing negative factors, including the deleterious impact of structural adjustment programmes; international debt; a decrease in foreign aid flows; warfare, destabilization and civil conflicts; domestic policy failures; drought and floods; population pressure; environmental degradation; and acquired immunodeficiency syndrome (AIDS). All countries in the region experienced, to varying degrees, the impact of the macro-economic crisis as reflected in increasing current account deficits, the burden of external debt servicing, high inflation rates, budgetary deficits and a decline in the major productive sectors.

2. The continued fall in world prices of the major export commodities (coffee, cocoa, copper, etc.) of several countries further undermined their terms of trade. War and destabilization, or civil conflicts, led to major breakdowns, resulting in problems such as considerable delays and serious shortages before goods could reach ports. This happened particularly in Angola, Ethiopia, Mozambique and Uganda. Drought continued to exact a high toll in Ethiopia, which has again launched an appeal for emergency aid. In southern Sudan, where civil war is still raging, UNICEF, in collaboration with the United Nations Development Programme (UNDP), the World Food Programme (WFP), the International Committee of the Red Cross (ICRC) and many non-governmental organizations (NGOs), helped to avert the deaths of over 200,000 children and women through Operation Lifeline Sudan, which operated from the Eastern and Southern Africa Regional Office (ESARO) at Nairobi. In addition, many countries registered negligible or even negative growth during 1989. All indications show that the situation is worsening as people's purchasing power and national economies continue their downward plunge.

3. Given the evidence that the welfare of the poor continued to deteriorate as adjustment programmes were implemented, UNICEF increased its advocacy efforts with both international agencies, including the International Monetary Fund (IMF) and the World Bank, and national Governments. Those efforts aimed to establish mechanisms to address the needs of the more vulnerable members of society affected by the course of structural adjustment, particularly in Burundi, Kenya, Madagascar, Somalia, Uganda, the United Republic of Tanzania and Zambia.

4. None the less, in comparison with 1988, the prospects for recovery appear positive. Peace initiatives begun in 1988 with regard to Angola, Ethiopia, Mozambique and the Sudan continued through 1989, while Namibia moved into its transitional phase towards independence in 1990 through successful elections. The situation in Uganda reached a new level of stability. The changing attitude of the régime in South Africa bodes well for its neighbouring countries, which for years have borne heavy military and defence budgets. When peace returns to the front-line States, it is expected that a high proportion of those resources can be applied to development and child-oriented programmes.

5. The greatest challenges in the region were and will continue to be the pressure exerted by burgeoning rural and urban populations on scarce land, resources and services; environmental degradation; child survival, protection and development, particularly sustaining the expanded programme on immunization (EPI) and universal child immunization (UCI) activities and achieving new goals for the 1990s; controlling the spread of human immunodeficiency virus (HIV) and the incidence of AIDS through advocacy, social mobilization, health education and social communication; developing community initiatives through participatory programming processes; and finding ways to work effectively with partner Governments increasingly unable to meet their obligations with regard to local costs.

II. PROGRAMMES

A. Health

6. EPI/UCI continued to be the major thrust of UNICEF activities with Governments. As morbidity and mortality from immunizable diseases have decreased, mortality from dehydration, acute respiratory infections (ARI), malaria and malnutrition have attracted greater attention as major causes of death among infants and young children. In those countries with a high prevalence of AIDS (Burundi, Kenya, Rwanda, the United Republic of Tanzania, Uganda and Zambia), an increase in deaths caused directly by paediatric AIDS and indirectly by maternal AIDS is already of great concern. As perinatal and neonatal deaths constitute 30 to 60 per cent of infant deaths, UNICEF, while continuing to focus on EPI/UCI, the control of diarrhoeal diseases (CDD) and oral rehydration therapy (ORT), is also concentrating on other infant and childhood killer diseases and maternal health.

Expanded programme on immunization/universal child immunization by 1990

7. Many countries reviewed their EPI programmes and undertook coverage studies during the second half of 1988 and in 1989 in order to develop strategies and actions for achieving UCI by 1990 or for sustaining the successes already achieved. Access to vaccination, as indicated by anti-tuberculosis vaccine coverage, is over 80 per cent, except in Angola, Ethiopia, Madagascar, Mozambique, Namibia, Somalia and Uganda. Drop-out rates are still high, and problems persist stemming from incorrectly administered doses (wrong age and intervals), incorrect recording and lack of exact dates on record cards. The tetanus toxoid coverage of pregnant women remains low, but most countries are now working on strategies to increase coverage through the vaccination of all women of child-bearing age.

8. Botswana, Seychelles, the United Republic of Tanzania and Zambia have achieved over 80 per cent coverage of the six antigens in children under one year of age. Burundi, the Comoros, Lesotho, Malawi, Mauritius, Rwanda, Swaziland and Zimbabwe have coverage rates of 80 per cent and above, except for measles and/or combined diphtheria/pertussis/tetanus vaccine and three doses of oral polio vaccine (OPV3). Special outreach efforts were made in outlying areas, with workers travelling on bicycles and sometimes on horseback. Demand for EPI programmes was also increased through intensive social mobilization involving political, administrative,

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religious and social groups in the districts and communities, with messages targeted to parents, especially mothers. Partially and incorrectly vaccinated children and pregnant women were identified and channelled for vaccination. Intensive training and supervision of health staff sought to improve the quality of vaccination performance. Some countries, such as Madagascar and Somalia, instituted vaccination days to raise both awareness and coverage. These measures have led to more effective coverage.

9. In the continuing effort to ensure vaccine potency, special attention has been given to cold-chain maintenance and sterilization of syringes and needles. Training courses were organized for cold-chain technicians and health centre staff, and inventories were taken to determine the lifespan of refrigerators and freezers in order to plan for subsequent years. More countries are expanding the cold-chain through the use of solar refrigerators. It is envisaged that, given a life span of from five to six years, refrigerators and freezers supplied between 1985 and 1989 will need to be replaced between 1990 and 1995. If external support is not maintained during these years, the cold-chain might break down and reverse gains already made. With the increasing spread of HIV infection, sterilization and vaccination practices must be strictly followed. Some countries may be forced to use disposable syringes and needles in order to sustain demand for vaccination.

10. As immunization coverage increases, a decrease in measles, pertussis, tetanus and paralytic poliomyelitis is already visible, but disease surveillance needs to be developed and improved in health facilities, particularly in selected sentinel posts. An increasing number of measles cases are occurring in older children (those at primary school level). Studies have been undertaken during measles epidemics on the efficacy of vaccines. Some countries (Lesotho and Swaziland) have already instituted measles vaccination in schoolchildren. A severe measles epidemic was promptly controlled in one district in Burundi. Tuberculosis seems to be on the increase, but data are not always categorized by age, and some of the cases may be related to AIDS.

11. Sustainability remains a key issue. In almost every country, EPI programme costs are borne by external funds, and some countries still depend heavily on expatriate technical support for programme management. Measures are being sought for gradual takeover by the Government, as is being done in Botswana. The Bamako Initiative approach to revitalizing primary health care (PHC) and maternal and child health (MCH) has given communities a role in managing their own health. Some countries have undertaken cost studies on the programme and other studies are planned for 1990.

Control of diarrhoeal diseases

12. Diarrhoeal diseases are still responsible for large numbers of out-patient hospital admissions and malnutrition in children under five years of age. The United Republic of Tanzania reported 5.2 million out-patient consultations, and in Zimbabwe diarrhoea was the third most common cause for health facility attendance. The persistently high incidence of diarrhoea stems from unsafe water and poor environmental and personal hygiene. The increasing incidence of diarrhoea is also associated with AIDS. Mozambique and Sao Tome and Principe reported epidemics of

cholera. The increased use of ORT and feeding during diarrhoea episodes has reduced mortality from dehydration.

13. UNICEF inputs to country programmes consist of supplying oral rehydration salts (ORS), training and equipment and raw materials for local ORS production. UNICEF has also assisted studies on home-based fluids (ranavola) in Madagascar, coconut water in the Comoros and cereal-based home fluids and sour porridge in Swaziland and Zimbabwe. The integration of sanitation and health education components into clean water programmes seeks to prevent diarrhoeal diseases.

14. Some of the problems and constraints with regard to proper case management are the result of lack of staff, frequent staff changes and poor management of ORS distribution. More training of trainers, workers and mothers is required to improve the use of and access to ORT. Concern has been expressed that CDD has lagged behind EPI implementation. To improve programme planning and implementation, three UNICEF staff members (from Dar es Salaam, ESARO/Nairobi and Luanda) attended the global CDD training workshop in Amman (24 March-1 April), and then served as trainers at the first regional workshop held in Arusha, United Republic of Tanzania, in November 1989.

Acute respiratory infections

15. ARI are important causes of death. In Botswana, ARI and diarrhoeal diseases were responsible for approximately 25 per cent of all institutional deaths in children under five years of age and 20 per cent of infant deaths. In the United Republic of Tanzania, the number of reported cases of ARI exceeded 6 million, with pneumonia alone causing 11 per cent of all hospital deaths. Increasing numbers of countries are initiating and establishing ARI programmes. Surveys were carried out in several of them, including Botswana, Lesotho, the United Republic of Tanzania and Zimbabwe, formed the basis for developing and launching programmes and related health education materials. Activities in the 1990s will focus on the further establishment and maintenance of ARI programmes within PHC, the development of staff and training materials, ARI case assessments and management and the improvement of health facilities.

Malaria

16. Malaria is among the three main causes of hospital and health centre out-patient consultations, in-patient admissions and deaths in those countries where it is endemic (Burundi, Comoros, Kenya, Madagascar, Malawi, Rwanda, Somalia, United Republic of Tanzania and Zambia). Botswana, Ethiopia, Madagascar, the United Republic of Tanzania and Zimbabwe reported epidemics following the onset of rains after long droughts. Increased morbidity and mortality result from inadequate treatment of acute episodes, which results from lack of drugs and required knowledge, as well as the widespread resistance of plasmodium to chloroquine. Communities are not being mobilized to prevent malaria transmission through the destruction/protection of mosquito breeding sites and the prevention of bites through the use of insect repellents and barriers such as mosquito nets and screens.

17. Although there is great concern about the negative effect of malaria on child survival and development (CSD) and the potential risk of HIV transmission through the transfusion of contaminated blood, more information on the situation in each country is still required. UNICEF assistance consists mainly of the provision of drugs within the essential drugs programme and the use of mosquito nets. A regional network has been created to provide technical information, to increase awareness of the problem and to propose strategies to address malaria with a view to improving financial and technical support for control programmes integrated within PHC.

Human immunodeficiency virus and acquired immunodeficiency syndrome

18. In the past 12 months, the number of reported AIDS cases and HIV carriers has increased markedly even though some of the countries with high rates never reported them in 1989. Declared cases are also only a fraction of the total number of actual cases. Of the cases reported to the World Health Organization Global Programme on AIDS between 1981 and September 1989, 30,437 were in Africa. Eighteen countries in the region reported 83 per cent of all cases (25,391), while six countries (Uganda, Kenya, United Republic of Tanzania, Malawi, Burundi and Zambia, in that order) reported 94 per cent of the cases in the region.

19. With regard to HIV infection, there have been few nation-wide studies of sero-positivity. Most of the available data concern selected high-risk groups such as long-distance drivers, blood donors, prostitutes, prisoners, pregnant women and patients with sexually transmitted diseases. tuberculosis and cancer. Rates vary widely within and among countries depending on the geographic region, and are higher in urban areas among the high-risk groups studied. Heterosexual transmission remains the primary means of infection, with almost equal prevalence rates in males and females except in the Ethiopia survey, where the sex distribution pattern is one female to three males. Sero-positivity rates in pregnant women range from 1 per cent in Maputo to 27 per cent in Kigali. In Malawi, unofficial prevalence rates in pregnant women are between 25 and 40 per cent.

20. Paediatric AIDS transmitted via the placenta is the most common route for HIV infection in children under five years of age. Studies show that between 30 and 50 per cent of infected pregnant women will transmit the virus and paediatric AIDS will increase accordingly. Standardized classification is needed since countries currently classify paediatric AIDS using different cut-off points such as children under 5, 10 and 15 years of age. Botswana and Mozambique each reported a case of AIDS caused possibly by blood transfusion. With the resurgence of malaria and ensuing severe anaemia, the risk of HIV infection from contaminated blood transfusions will increase. HIV and AIDS might also affect the demand for immunization because of misinformation and undue fears of virus transmission through injections (which does exist, although rarely), and precautions have already been taken in some countries. In Uganda, for example, knowledge, attitude and practice (KAP) studies have shown that despite some earlier AIDS-related apprehensions about vaccination mothers have continued to protect their children from immunizable diseases.

21. All countries now have medium-term plans for national AIDS control programmes, formulated with technical assistance from the World Health Organization (WHO). Most Governments seem to have taken the problem seriously, except for Somalia, where to date four cases have been declared but where there is a high potential for the spread of AIDS because of the risk of trauma to scar tissue produced by nearly universal female circumcision and infibulation; and Malawi, where data on the severity of the problem are not widely available. Programme implementation has been slow, not because of the lack of funds but because of managerial problems.

22. UNICEF assistance has consisted mainly of information, education and communication (IEC) programmes; supplies (syringes, needles, sterilizers and protective materials); training; and studies on behavioural changes. IEC programmes in several countries focus on primary and secondary schoolchildren, a group which so far has been relatively free from HIV infection but is at great risk of becoming infected through forced precocious sexual activities or of being orphaned when parents die from AIDS. Several countries have produced manuals, guides and videos for teachers and pupils.

Safe motherhood initiatives

23. Since the Nairobi conferences on "Safe Motherhood" and "Better Health for Women and Children through Family Planning" in 1987, Governments and technical and donor agencies have become more aware of high maternal mortality and morbidity rates and the need for urgent integrated actions. While in previous years UNICEF inputs for maternal health services had consisted mainly of supplying them with MCH kits and funding the training of traditional birth attendants (TBAs) and health professionals, emphasis has shifted to a more holistic approach in the last two to three years. Concerns have been expressed about the current profound lack of knowledge regarding the magnitude of the problem and the very high maternal death rate. The broader concept of women's health is gaining attention in UNICEF programmes.

Water and environmental sanitation

24. Water and sanitation projects are being implemented separately in some countries (Uganda and Zimbabwe) or with water as the only component (Comoros), but primarily as a combined project integrated into an area-based programme. In all country programmes emphasis has been placed on training community members, particularly women, to plan, construct and maintain structures. Other activities have included supplying raw materials, equipment, vehicles and technical expertise (project officers and consultants) for the construction and repair of dug and drilled wells and capping springs and other suitable sources (such as gravity-flow schemes) which pipe water down to settlements, schools and health facilities (as in Burundi, the Comoros and Ethiopia). Ventilated, improved pit latrines have been accepted in most countries. In spite of the large numbers of wells, protected water sources and latrines that have been built, the needs of rural and poor urban communities have not been met. Women still have to travel long distances for water, and the incidence of water-borne diseases continues to be high.

25. Insufficient funding remains a major constraint. Co-ordination and managerial problems occur when water and sanitation activities are handled by two or more ministries. Recent positive trends have included strengthened technical capacity at central and regional levels; community participation in planning, constructing, maintaining and managing the structures; enhanced intersectoral collaboration, including external donors and technicians; national ministries' planning with communities at all levels of programme operation; and policy emphasis on health education in an integrated water and sanitation programme.

Area-based programmes

26. Burundi, Ethiopia, Kenya, Madagascar, Malawi, Somalia, Uganda and the United Republic of Tanzania have developed area-based programmes. The activities in Rodrigues are considered to be area-based since several PHC and socio-economic components are undertaken simultaneously in that island district of Mauritius. Ethiopia, Kenya and Somalia have both rural and urban-based programmes. Most of them reflect a well-balanced scheme of health, nutrition, water and sanitation, women's education and economic activities. Although these projects tend to be expensive, they serve as a training and demonstration ground for district and community planning, management evaluation, integrating PHC elements into other development programmes and administrative and financial decentralization. Evaluation results show that community participation is higher, and this in turn contributes to higher levels of EPI, lower levels of malnutrition and effective maintenance of water and sanitation projects. Health information systems have been strengthened and their administrators have been encouraged to use the data generated for local and cumulative national planning.

Bamako Initiative

27. Since the adoption by the WHO Africa Regional Committee of the resolutions on the Bamako Initiative in 1987 and the joint guidelines in 1988, all countries have been reviewing their health financing systems, the ways in which communities engage in self-help activities, especially in health and drugs, and ways in which Governments can promote this scheme to revitalize and sustain PHC/MCH.

28. The countries in the region are in various phases of planning and/or implementing the Bamako Initiative. Some countries in the planning phases (Comoros, Madagascar, Malawi, Mozambique and Swaziland) have accepted the scheme in principle and intend to study and discuss it within their national contexts. Others (Burundi, Lesotho, Mozambique and Uganda) have appointed national intersectoral and technical committees or task forces to carry out studies and formulate policies and plans of action, some of which have been approved by the Governments. A few countries (Ethiopia, Kenya, Rwanda, and Somalia) have progressed further and have submitted projects to UNICEF for funding (two of them having already received funds for preliminary actions). Others have adopted a "wait and see" policy.

29. Burundi, Ethiopia, Kenya, Lesotho, Madagascar and Zimbabwe produce varying quantities of essential drugs locally but share common problems: poor management; lack of foreign exchange; high costs of raw materials; and under-utilization of

capacity. Drug costs vary, but in general they are higher than those of the UNICEF Procurement and Assembly Centre (UNIPAC) at Copenhagen.

B. Household food security and nutrition

30. Household food security and nutrition issues tend to be closely linked or integrated into other programme and project components such as health, area-based programmes, women's activities, emergencies, the UNICEF/WHO joint nutrition support programme (JNSP) and, in a few instances, water projects. This illustrates the complexity of the subject, its multisectoral nature and the variety of approaches utilized. Major areas addressed include growth monitoring and promotion, infant and young child feeding (including breast-feeding), food and nutrition surveillance, micro-nutrients, household food security and women's time and energy. High levels of malnutrition (wasting and stunting) and the increasing number of deaths caused directly by severe malnutrition command serious attention.

31. The lack of national food and nutrition policies as in Somalia and Zambia and adequately trained personnel at all levels is also a matter of significant concern. Accordingly, special emphasis has been given to encouraging and supporting Governments in the formulation of national food and nutrition policies and strategies (Ethiopia, Rwanda, Somalia, Zambia and Zimbabwe), improving and extending community-based growth monitoring and sustainable food production activities (Botswana, Malawi and United Republic of Tanzania) and strengthening capacities for generating and using food and nutrition data for planning and monitoring programme activities.

Infant and young child feeding

32. Breast-feeding is being promoted in many countries through health education by nurses and the mass media. More than 70 per cent of children are breast-fed up to 12 months and 24 months of age in Botswana and Lesotho, respectively. An anti-breast-feeding regulation was reversed by popular opinion in Zimbabwe, and mothers now may have 90 days maternity leave at 75 per cent of their salary instead of 50 per cent for 60 days' leave. UNICEF continued to support regional conferences and promotional activities of the International Baby Food Action Network (IBFAN), such as the recently published booklet on "Ten steps to successful breast-feeding".

33. In Rwanda, studies have shown a high rate (20 per cent) of malnutrition in children under one year of age, with too early and inappropriate weaning practices given as possible causes. Other underlying and associated factors of infant and young child malnutrition are the lack of mothers' time to feed children frequently enough, ignorance, the lack of appropriate weaning foods and poverty. UNICEF is funding research aimed at identifying and improving locally available foods (fermented cereals in Kenya and malt in Swaziland and the United Republic of Tanzania), training workers and producing education materials.

Food and nutrition surveillance system

34. The countries in the region sought to improve and strengthen existing food and nutrition surveillance systems or initiate new ones. The system is used to monitor existing programmes, to target vulnerable households for food aid as an early warning system and to plan national systems. Implementation of systems is at different stages in the countries in the region. Malawi, Rwanda, Somalia, Tanzania and Zambia are in the early stages of developing a programme, while Botswana, Ethiopia and Mozambique have very good programmes that are being further strengthened for sustainability.

Growth monitoring and promotion

35. Trends in the region indicate the following: a shift towards community-based growth monitoring and promotion in districts that already have successful programmes, as well as in new districts; improvement in the quality of growth monitoring through training in accurate recording, analysis and use of data; provision of appropriate counselling material; and community involvement in decision-making using data collected on both the nutritional and growth faltering status of the children. The results should enhance the growth of each individual child. UNICEF also supported the production and testing of new growth charts in Lesotho and Zimbabwe. A marked decrease in the malnutrition prevalence rate has been shown in some of the JNSP districts of the United Republic of Tanzania, of which Iringa is a very good example.

Household food security

36. The factors that adversely affect food security (production and availability) have been clearly identified in country reports, especially in the United Republic of Tanzania. Both drought in parts of the United Republic of Tanzania and Zimbabwe and floods from heavy rainfall in other parts of the United Republic of Tanzania led to decreased food production and the need for food aid. Inflation and the increasing cost of food and other essential basic commodities figure significantly as constraints to food security in peri-urban families and poor rural households (Malawi, Somalia and Zambia). In Mozambique, the ongoing war and the resultant insecurity and increasing number of displaced people have continued to reduce local food production and increase poverty and dependence on food imports. Chronic food shortages in Malawi have been aggravated by the huge influx of refugees from Mozambique. Some success stories or promising activities are emerging in integrated development programmes. Food production has been linked with water projects in the semi-arid areas of Kenya, Mozambique and Zimbabwe. The Onjama (free masasi from hunger campaign) is spreading to other regions in the United Republic of Tanzania, where mostly women farmers' initiatives are being supported to produce cassava and sorghum, as well as beans, soybeans, groundnuts and sweet potatoes. Because increased food production also leads to attendant losses caused by inappropriate food processing and storage technologies, these problems are being addressed. The Government of Madagascar has successfully embarked on a project with the World Bank and UNICEF in this area.

Micro-nutrient deficiencies

37. Three major micro-nutrient deficiencies are subjects of concern. With regard to iron deficiency anaemia, Kenya and the United Republic of Tanzania are undertaking studies to define the problem, as well as appropriate strategies and actions, while in Somalia, health workers have been trained in early diagnosis. Studies on vitamin A deficiency have been completed in Ethiopia and Kenya, where prevalence rates are very high; the use of vitamin A is recommended during severe acute infections. Personnel from some of the high-risk areas have been trained in the distribution of vitamin A capsules. Iodine deficiency disorders (IDD) have received more attention. Iodated salt is now being produced and marketed with no price increase in Ethiopia, while in Kenya legislation allowing the sale of only iodated salt has been passed. UNICEF is assisting the Government to establish an effective system of monitoring the enforcement of this law. National surveys are ongoing (Madagascar) or have been completed (Rwanda and Zimbabwe). Studies on cassava toxicity in the United Republic of Tanzania may reveal linkages with IDD problems.

C. Basic education

Early childhood care, education and development

38. Several countries in the region are experimenting with innovative, low-cost early child development projects in selected communities that offer promise of wider replicability. For example, Malawi is experimenting in three village sites with a community-based child-care project whose main strategy is to mobilize community members to use their own resources for collective care of their young children. These experiences have already provided valuable lessons for further improvement and expansion, especially in interested neighbouring areas. Kenya fosters low-cost approaches to the preparation of appropriate learning and teaching materials by teachers and the community, using locally available resources. Religious teachers of Koranic schools in one district are being trained in the elements of the early childhood development programme. This experience is winning the enthusiasm of community members.

39. UNICEF support has been mainly in the form of advocacy and financial and material assistance to training, development of materials and strengthening the technical capacity of personnel in this field. The adoption of the Convention on the Rights of the Child, the upcoming World Summit for Children and the March 1990 World Conference on Education for All can be expected to heighten political commitment to meeting the needs of young children even as it focuses on school-age children and adults.

Primary and adult education

40. Basic education has continued to experience enormous problems. Africa's educational crisis has reached unprecedented proportions, as reflected in the significant deterioration of both the quality and the coverage of educational services. In most countries of the region, statistical indicators reveal that

primary school enrolments are declining, school wastages continue to rise and participation rates of marginal and vulnerable groups in basic education remain very low. More than half of Africa's adult population over 15 years of age can neither read nor write. Millions have no access to the most basic skills and knowledge needed for survival and daily living, despite the unprecedented explosion of knowledge in the world's modern communication systems.

41. During the past decade, UNICEF, within the framework of the United Nations Educational, Scientific and Cultural Organization (UNESCO)/UNICEF co-operative programme, has assisted countries in the region in developing "basic education", a concept that was formulated at the 1974 Nairobi Regional Seminar on Basic Education. In several countries, some creative thinking and reforms have emerged in the interim. A review undertaken in 1979 revealed, however, that although admirable as a concept, basic education had not been well understood or implemented.

42. The global initiative on basic education launched by four United Nations agencies (UNDP, UNESCO, UNICEF and the World Bank) is, therefore, timely. It has enabled officials in education, finance, planning, information, community development and other ministries, together with NGOs, to review the present problems and successes in basic education and to pursue realistic strategies for rapid expansion in order to bring about a renewed commitment to innovative approaches, accelerated action and partnership. The prospects for follow-up action triggered by country and regional consultations in preparation for the World Conference have generated great interest in all countries.

43. With UNICEF support, the Basic Education Resource Centre published three issues of its bulletin on themes and experiences related to basic education for health in an effort to further strengthen information sharing among countries. It also issued a special edition on the World Conference on Education for All.

44. If sustained, the momentum that has been created in favour of basic education could have a great impact on the health and well-being of children, women and communities, and on the quality and relevance of early childhood development, primary education and adult literacy.

D. Women's economic activities and integration

45. With the region's increased emphasis on integrating concerns for women into overall programmes, gender has increasingly been used as a basis for planning and programming. This is especially true in the preparation of new country programmes, as in Botswana, Lesotho and Uganda. Through technical missions, as well as strategy and review meetings, the Regional Office has extended support to the transformation of women's programmes into an integral part of the overall country programme. Governments in the region have also recently exhibited greater concern for gender issues and have welcomed UNICEF as a partner in their search for workable approaches. Advocacy and awareness seminars attended by high-level policy makers, planners and leaders have taken place in Ethiopia, Lesotho and Swaziland. Follow-up measures are being developed so that the positive outlook generated can be sustained and translated into concrete action.

Country programme trends

46. There has been a visible shift in programmes from those which focus on women primarily in their role as mothers to those which view them as citizens who contribute to development in important ways. This has required an increased understanding of the different roles played by women as mothers, caretakers and homemakers, and as primary producers, workers, managers, entrepreneurs and community members. The interaction among these multiple roles highlights women both as actors in development and as individuals whose empowerment must be part of the integration process.

47. Policy and programme thrusts in the region have consciously incorporated the following specific issues into country programme planning and implementation:

(a) The overburdening of women because of their multiple responsibilities;

(b) Women's limited access to resources, including land and credit, and the limited benefits accruing to them from development initiatives;

(c) The changing socio-economic situation which places the burden of grass-roots development on women, adding further to their family responsibilities.

48. Area-based programmes have become the primary means of integrating gender concerns into a wide spectrum of sectoral programmes and of linking women-specific programmes, especially economic activities, to related CSD programmes. Positive results have most recently been achieved in Kenya and the United Republic of Tanzania, the "green zones" of Beira in Mozambique and the integrated development programme in Ethiopia.

49. This integrated approach facilitates the development of co-ordinated programmes that reduce women's labour burden (grinding mills, fuel-saving stoves, water availability, etc.), enhance the well-being of their families (day-care centres and health facilities), raise their income and production (economic activities), increase their personal capacities (education, training and community participation) and make gender concerns and women's empowerment central to CSD.

50. In many countries, household food and economic security programmes have become the entry points for gender-responsive development programming, notably in Mozambique, Rwanda, the United Republic of Tanzania and Zambia. The importance of women as food producers in the context of their multi-dimensional roles has been taken into account in nutrition and food security programmes.

51. Numerous advocacy activities in the form of studies and training have taken place at national and community levels in many countries in the region. UNICEF has also played an active role in Ethiopia, Kenya and Mozambique in building the capacity of the women's organizations/bureaux and increasing the gender-responsiveness of planning ministries. Improvements in the legal status of women have been advocated together with work on the Convention on the Rights of the Child (Lesotho and Mauritius).

Regional developments

52. Good progress has been made in 1989 towards the development of a systematic approach to gender-responsive planning and programming. Guidelines for undertaking studies and situation analyses of women and children have been adjusted so as to reflect gender concerns more effectively. The focal persons for women's programmes in country offices are working together through their network to develop and facilitate the use of indicators for the integration of gender issues in sectoral programmes.

53. The promotion and support of women's economic activities has become more evident and is based on the premise that women's engagement in productive self-employment and entrepreneurial activities leads to their economic empowerment. This, in turn, becomes the basis for the improved well-being of both children and the family and the emancipation of women.

54. Having recognized that lessons for the development and application of effective strategies for promoting women's entrepreneurship could best be learned from women themselves and from NGOs that have gained practical experience in supporting entrepreneurship development, the Regional Office, in consultation with the Kenya, Lesotho and Zambia country offices, commissioned studies on "Success factors in women's entrepreneurship development". The studies sought to identify the conditions and characteristics that constituted the basis for successful entrepreneurial undertakings by women and the suitability of those lessons for UNICEF programmes.

55. Together with the Botswana country office, the Regional Office organized a consultative meeting on women's economic activities at Gaborone, which brought together UNICEF focal points for women, representatives of other United Nations agencies, bilateral agencies and NGOs supporting economic activities and, most important, women entrepreneurs themselves. The main issues identified as crucial in decisions women had to make for their own progress were: a reduction of women's work burden; integrated support to women's economic activities with a special focus on credit; the provision of child-care facilities; and the integration of gender issues into area-based and sectoral programmes, with a special focus on the development of monitoring and evaluation systems.

56. Information sharing and participation in regional and internal meetings on gender issues included the meeting of the African Regional Co-ordinating Committee for the Integration of Women in Development, held at Addis Ababa; the Seminar on Women and Rural Development, organized at Vienna by the United Nations Division for the Advancement of Women and the IBFAN regional meeting at Nairobi. Technical assistance was also provided to CIGE, a training institution based in Abidjan, for developing training packages for female entrepreneurs and managers.

The challenges ahead

57. There is general consensus on the necessity of pursuing CSD programmes along gender-responsive lines. The policy commitments to women's concerns as integral components of country programmes are reflected in the plans of many countries in

the region. The missing link often remains the translation of these concerns into actual implementation. This weakness can be addressed by developing the skills of officers responsible for women's programmes in particular, and programme officers in general, through training, exchange of experience and direct on-the-job training; and by systematically sensitizing UNICEF programme staff, as well as their counterparts, to gender issues. Experience in the region suggests that this is best achieved in area-based programmes.

58. If the recognition UNICEF gives to gender-responsive programmes at the policy level is to be translated into commitment at all levels, the following actions are pertinent:

(a) Giving higher priority to monitoring and reporting on gender concerns;

(b) Allocating more financial and human resources to women's development programmes. The current view that officers especially charged with women's programmes are unnecessary because of the integration thrust has been found to be highly premature;

(c) Making a continuous effort to ensure that at all levels UNICEF programme officers (including representatives and senior managers) develop effective gender-awareness and the capacity to plan and implement gender-responsive programmes.

E. Children in especially difficult circumstances

59. During 1989, the most significant positive development affecting children in especially difficult circumstances was in the area of child rights. As a follow-up to the May 1988 regional workshop held at Nairobi to review the relevance to Africa of the Convention on the Rights of the Child, a multi-disciplinary meeting of African experts was held at Nairobi in August 1989 to facilitate action on strategies for implementing the Convention. The participants drew up a plan of action for the region that would enhance the interpretation and implementation of the Convention's provisions in the context of African child survival, protection and development. They noted that the African child in especially difficult circumstances (economic recession, warfare, drought, apartheid, etc.) had not received adequate treatment in the Convention. Recognizing, however, the need to preserve this important instrument of international consensus, the meeting drafted a supplementary African Charter to accompany the Convention. It will be reviewed by States members of the Organization of African Unity (OAU) in 1990.

60. Children in various parts of the region continue to be seriously affected by armed conflict. In Angola, thousands of children crowd camps or the burgeoning shantytowns of Luanda. They will soon become street children who must once again struggle simply to stay alive. This explosion of destitute, abandoned or working street children as a consequence of armed conflict is all too visible in many urban centres such as Addis Ababa, Mogadiscio and Maputo.

61. In Mozambique, internal conflict and destabilization from the south have continued to threaten the basic survival of children in the affected areas, leading to traumatization as well as displacement. Similar conditions prevail in Ethiopia and Somalia as a result of civil conflict, famine and drought. In Uganda, fighting in the northern and north-eastern parts of the country continued to hamper the return of refugee or displaced children and their families. The presence of numerous AIDS orphans (with one or both parents killed by AIDS), now estimated at 40,000, in the central and southern parts of the country now poses further serious problems for Uganda, and indeed as well for neighbouring countries afflicted with AIDS.

62. In order to assess the magnitude and severity of the problem of internally displaced children, a region-wide study is under way covering Angola, Ethiopia, Mozambique, Somalia, the Sudan and Uganda. It will focus on children and women displaced primarily by man-made causes such as armed conflict or communal violence, or by a combination of man-made and natural causes. It is hoped that the information gathered will provide the necessary base for appropriate country action.

63. With the fastest rate of urbanization in the world, African cities in countries not affected by war are also seeing an increase in the number of street children and working children. Studies on the state and needs of street children have been developed in several capitals. A major street-children research project is currently under way in Kenya. The results of these studies should yield fairly definitive data on number, shelter, schooling, family situations, etc., and should also help to identify the best possible ways of aiding and advocating policy and planning for such children as part of national planning and development.

64. With regard to neglected and abused children and other children requiring special protection, advocacy and actions are already well under way in the region. Several countries are reviewing their laws affecting children with the intention of revising them in the light of the Convention on the Rights of the Child.

F. Emergencies

65. Natural and man-made disasters continue to afflict large areas of the region. Peace initiatives in Angola, Ethiopia, and Mozambique have given cause for hope, although their fulfilment has remained elusive. The capacity of UNICEF for rapid response in emergencies was deployed to good effect in 1989. The transition of Namibia to independence has opened up another area for UNICEF co-operation. Ethnic conflict resulting in death and dislocation in Burundi and Rwanda also required emergency UNICEF assistance. The nearly 700,000 Mozambican refugees in Malawi and Zimbabwe border camps similarly benefited from UNICEF attention. In all cases, it has been the strategy of UNICEF to respond to the emergency situation with an integrated programme that also includes rehabilitation and development strategies.

66. The focus of UNICEF assistance to Angola has been on the provision of essential services to displaced people and to communities attempting to resettle and re-establish normal life. Central to these activities are support for basic

health and education services, the reconstruction of water systems and assistance with logistics, training and management of emergency programmes.

67. In Ethiopia, an integrated rehabilitation programme in the areas previously affected by the disastrous 1987 drought sought to use effective household food security actions to curb the high infant, child and maternal mortality rates caused by malnutrition. Donations-in-kind, such as flour, were transformed into appropriate food for malnourished children. UNICEF assistance in the camps is channelled through NGOs in the form of supplementary food, EPI supplies and equipment and water distribution. Particular attention was paid to strengthening the national early warning system. By the middle of 1989, new efforts were under way to address a resurgent drought in Tigre and Eritrea.

68. UNICEF supported victims of the drought and floods that devastated extensive areas of Somalia with the provision of food and rehabilitated water systems and carried out nutrition surveys for effective implementation. UNICEF also participated in the discussions that led to the formation of an inter-agency donors' working group on disaster preparedness.

69. UNICEF provided relief support to Mozambique from the Quick Action Relief Capacity Fund to displaced people and airlifted seeds and tools to promote food production by households hit by the emergency, particularly in the provinces of Manica, Nampula and Zambezi. Other items included cloth and clothing, soap, maize grinders, fowl, fishing boats, construction materials, food, medicines and medical equipment. An exceptional provision of medical supplies in early 1989 assisted the Ministry of Health in controlling a cholera outbreak. Further UNICEF support has taken the form of technical assistance through manpower allocated to the Ministry of Health, the Rural Water Programme and the Emergency Unit, in addition to training courses in emergency management for provincial and district emergency commissions.

70. Although UNICEF has worked with refugee children and women of the South West Africa People's Organization (SWAPO) for many years in Angola and Zambia, the revitalized independence process permitted UNICEF to establish an office at Windhoek by 1 April 1989, through the Office of the United Nations High Commissioner for Refugees (UNHCR) as part of the United Nations Transitional Assistance Group (UNTAG). Catering primarily to returning refugees as provided by Security Council resolution 435 (1978) of 29 September 1978, UNICEF organized immunization and related health activities, enabled women farmers to resume food production activities with seeds and tools, joined a UNESCO/Government of Sweden team helping with curriculum development, supplied school materials and engaged in other rehabilitation measures. Many of those activities also benefited children who had never left Namibia and most of whom were in worse condition than the newcomers. The UNICEF programme of co-operation for all children, to be proposed to the new Government once independence is achieved in 1990, will be ready for implementation on the first day of nationhood. A UNICEF representative designate and a staff of some 10 people are engaged in this dramatic challenge.

71. "Operation Lifeline Sudan", based at Nairobi, and formally launched by the Executive Director in October 1988, drew heavily on the regional and Kenya country

offices for administrative and logistic support. A total of 60 "Operation Lifeline Sudan" staff (in the northern base camp of Lokichogio and at different locations in southern Sudan) manned the operation in late 1989 in collaboration with UNDP, WFP and numerous NGOs, including ICRC. It is estimated that over 200,000 or more civilian deaths were averted through the provision of food, medicine, logistic and communications equipment, training of health workers, immunization, ORT, seeds, tools, etc., which were delivered to victims of war and famine in southern Sudan under a temporary cease-fire and with the agreement of the warring parties.

G. Monitoring and evaluation

72. Most offices in the region have appointed monitoring and evaluation focal points, but only in a few cases (mostly in the large offices), are they occupied with those activities on a full-time basis. The tasks of assessing the progress of programme implementation and of monitoring rates of utilization of funds are now computerized in most offices. While financial monitoring and evaluation are common, cost-effectiveness analysis still has to be incorporated into planning and evaluation. ESARO is preparing a kit on how to apply cost-effectiveness analysis to the major types of programmes and projects sponsored by UNICEF, which will be followed by a regional training workshop involving government, university and UNICEF staff.

73. Despite the emphasis given to utilizing the most appropriate forms of social communication in programmes, much of this communication is still done in a "top-down" fashion instead of in a two-way feedback mode involving the targeted communities. Some exceptions have gained significant attention, and efforts are now under way to expand these participatory processes of monitoring and evaluation. The district focus or area-based development strategy of a number of Governments in the region is an encouraging first step towards reaching communities but is not sufficient in itself. Many country offices recognize that, until the local or community-based government staff are sufficiently trained to play promotional roles in community-based project planning, evaluation and implementation, the vital link between local development committees (such as district and subdistrict development committees) and local communities will remain weak.

74. The technical aspects of most programmes have been adequately covered in that the technical skills for establishing cold-chains, designing appropriate nutrition programmes and effective water technologies are well known. However, new areas exist where programme planners are less confident, such as how best to design and evaluate AIDS education programmes or to evaluate community participation. Furthermore, although there has been some success in tapping indigenous knowledge and expertise in local communities in the fields of health and nutrition through the training of TBAs and community health workers, much needs to be done in order to enhance messages and operations in community health and nutrition.

75. Assessing the impact of projects on the health, nutrition and incomes of beneficiaries has been hampered by a number of factors, including the absence of up-to-date population censuses in a number of countries, the lack of routine

data-gathering systems to provide quick analysis and publication of results, and understaffed statistical and evaluation units in government ministries. Frustration with trying to monitor the impact of projects has led some to favour instead monitoring the condition of institutions and processes as proxy measures, indicating that project goals not only can be met, but also sustained in the long term.

III. EXTERNAL RELATIONS

A. Social mobilization and advocacy

76. High-level advocacy included the efforts of UNICEF country representatives to brief their respective government delegations to the OAU summit on UNICEF concerns. These measures helped to promote a resolution by the OAU Heads of State declaring the 1990s the Decade of the African Child. Many Heads of State, government officials and party functionaries have responded very favourably to UNICEF advocacy efforts, even mobilizing their entire nations for CSD. Consultative meetings have been held with the Southern African Development Co-ordination Conference (SADCC) group regarding the possible inclusion of CSD issues in their development programme.

77. Major events have been used as an avenue for mobilizing high-level support from Governments and for disseminating information to the public. These include a UCI launch in Malawi, World Health Day in Zimbabwe, a women-and-children symposium in Burundi, a symposium for artists and intellectuals in Madagascar, a children's conference (opened by Her Majesty the Queen) in Lesotho, children's week in Kenya, a workshop for the Kenya Medical Women's Association (opened by President Moi), the launch of an AIDS campaign in the United Republic of Tanzania (opened by then Deputy Prime Minister Salim Salim) and the launch of Facts for Life in Rwanda. Major events have been used to mobilize entire nations, communities and the media and to disseminate information to the public, thus laying the foundation for follow-up actions.

78. A number of activities involving artists and intellectuals have been initiated in nearly all the countries in the region. The Symposium for Artists and Intellectuals in Madagascar led to the formation of a national CSD committee. The gathering was attended by government ministers, party functionaries, local artists, intellectuals and musicians who were joined by others from the Comoros, Mauritius, Rwanda, Seychelles and elsewhere. Artists and intellectuals in 10 other countries are spreading CSD messages in innovative ways, such as through songs, poems, plays, dance, films and radio and television presentations. The Bamako Initiative Symposium for Artists and Intellectuals, held in Mali, drew many delegates from Eastern and Southern Africa. The emphasis on traditional communicators (griots, or local bards) dramatized the importance of this set of allies, who promote CSD issues among the public at large, but especially at the community level.

79. Several countries have reported the establishment of national CSD committees. The Zimbabwe Child Survival and Development Fund, established after the Harare symposium, has now created branches in the provinces. In Mozambique, an

intersectoral committee, Instituto de Comunicacão, has developed a programme to reach grass-roots groups. The Ideological Department of the Frente de Libertçao de Mocambique (Frelimo) party has also been mobilized to support CSD activities. Similar committees have been established in Botswana, Burundi, Rwanda, Somalia (a radio group) and the United Republic of Tanzania (an intersectoral committee). Malawi and Kenya reported the highest number of NGOs and committees for CSD.

80. Many countries have made remarkable efforts to mobilize and inform villages, districts and communities. Botswana, Ethiopia, Kenya, Malawi, Mozambique, Rwanda, Uganda and Zimbabwe have reported workshops at district and village levels. Corresponding information in the form of pamphlets and posters was disseminated to grass-roots groups as part of their follow-up activities. Mozambique reported training sessions for social mobilization personnel at the village level. Other efforts at reaching communities included the use of traditional songs, drama and activities by religious groups, as well as the radio. Both Botswana and Mozambique are undertaking research on the impact of radió as a major means of transmitting CSD messages.

81. Most country offices work very closely with both local and international NGOs, as well as religious groups. Many have taken a keen interest in the Convention on the Rights of the Child, street children, adjustment with a human face and, more broadly, in UNICEF health, nutrition, education, water and sanitation and women's concerns. The majority included an NGO member in their delegations to the regional consultation on Education for All at Nairobi. The activities of regional and Pan African NGOs were supported at country and regional levels by the corresponding UNICEF offices, including the African Network for the Prevention and Protection against Child Abuse and Neglect, the Africa Women's Network on Communications, IBFAN and the Women and Shelter Network of the Habitat International Coalition. The All Africa Conference of Churches, meeting at Lomé on the subject of women in the Church, addressed CSD. Consultative meetings have also been held with the secretariats of the Catholic Bishops' Conferences, which have expressed interest in considering children's issues at their forthcoming meetings in Eastern and Southern Africa.

B. Communications support

82. The State of the World's Children report has been used as a resource document whose launch has become a major media and activity event. Public demand for the report is high. The launch of Children on the Frontline II by the Executive Director at Harare was well covered in both the local and international media. Nearly every country has reported the use of Facts for Life in workshops and training seminars and by other government sectors. Botswana, Rwanda, the United Republic of Tanzania and Zimbabwe have translated it into local languages, while other countries have adapted some sections to suit specific needs. Many countries have produced magazines, pamphlets and posters on issues such as health and the Convention on the Rights of the Child in local languages.

83. UNICEF activities in the region have been extensively covered in both the local and the international media. They have also allowed activities in Angola,

Mozambique, Uganda and Zimbabwe to receive wide coverage in the international media, with interest centred largely on problems of armed conflict, refugees and displaced persons, political insecurity, economic adjustment and, more recently, peace initiatives. The Netherlands National Committee sent a film-maker to film street children in Kenya. Winners of an anti-apartheid contest for young people 15-19 years of age, sponsored by UNICEF New York, the United Nations and the Australian National Committee, visited the refugee camps in Zimbabwe. Teams from other National Committees, including their media staff, have visited Angola, Mozambique, Rwanda and Uganda, among others. UNICEF Goodwill Ambassador and television star Tetsuko Kuronayagi visited Angola and dramatized the plight of its children and women for Japanese television.

84. The Pan African News Agency/UNICEF workshop sensitized journalists to CSD issues and media follow-up on activities for the Decade of the African Child. Angola, Botswana and Ethiopia held workshops for media personnel as part of UNICEF activities to strengthen the capacities of the local media. Botswana, Ethiopia, Kenya and Mozambique have developed radio and television programmes on CSD issues, often in local dialects. Mozambique uses mobile cinemas for transmitting health messages. Good working relations with the Ministry of Information have been established in most countries as a result of intense and productive interaction.

85. The Botswana, Mozambique and Zimbabwe country offices have built up extensive audio-visual libraries, and the Botswana library is now computerized. These libraries are widely used by the public, especially for borrowing films and for conferences. Other countries are also developing their audio-visual support. Films for social mobilization and fund-raising have been produced in Angola, Kenya and Mozambique, while related materials have been produced for radio and workshops.

86. Four countries reported improvements in their greeting card operations: Ethiopia, Malawi, Rwanda (up 36 per cent) and Zimbabwe. Other countries reported a decline in sales because other agencies sell cards, UNICEF cards are more expensive than the ones on the local market, administrative problems persist and local currencies are frequently devalued.

IV. OPERATIONAL ISSUES

A. The role of the Regional Office

87. Interest in the restructured Regional Office (sometimes referred to as "the Nairobi experiment") has remained high, and an evaluation of the restructuring is planned for 1990.

Activities of the Eastern and Southern Africa Regional Office in 1989

88. ESARO's dual thrust of support to country programmes and accountability to the Executive Director for effective management in the region led to its undertaking various sets of activities in 1989. The Regional Director and her staff visited various countries in order to participate in all programme strategy, preview or mid-term review meetings. Those visits were often combined with official calls on

high-level government officials, special events such as a UCI acceleration, an artists' and intellectuals' symposium or a regional administration and finance workshop. Regional advisers' visits usually provided specialized technical assistance.

89. In addition to this direct outreach function, the Office has initiated and carried out activities in collaboration with country offices, headquarters or with co-operating partners. The activities cover three major areas and a wide range of activities, as follows:

(a) Investigating, assessing and reporting on trends in Africa and their relevance to programmes, policies and advocacy has been accomplished by working with the countries in the region to develop a regional information data-base system and a consultancy roster; initiating inter-country studies on subjects, including displaced children and women entrepreneurs; co-ordinating regional professional and special-interest networks of UNICEF staff; representing UNICEF at inter-agency and other high-level meetings; and the participation of the regional team of senior officers and advisers in country strategy meetings, previews and mid-term reviews at which they contributed technical assistance and ensured that UNICEF priorities were pursued;

(b) Planning and carrying out an external relations programme included support for social mobilization activities in individual countries, initiation of region-wide advocacy events, preparation of publications and establishing links with the media;

(c) Providing operational support for inter-country activities entailed organizing the Regional Planning and Management Team (RPMT) and following up its decisions and recommendations; administering the Regional Training Committee, training workshops and other regional meetings; co-ordinating the regional budget process; ensuring effective country implementation of management information systems, responding to emergency needs and managing the regional office itself and working closely with the Kenya Country Office.

Review of changes in Regional Office structure, 1986-1989

90. It has been three years since the 1986 Dakar, Senegal, Budget Planning and Review Committee meeting initiated a radical restructuring of the Regional Office in order to heighten its role. To that end, a number of changes were implemented:

(a) The Regional Office divested itself of several administrative and representational functions involving the Kenya Country Office, country office administrative activities and the administrative management of regional advisers, who were outposted to country offices and shifted to project status. Several posts were abolished, leaving the Office with a total core staff of nine, plus the Regional Auditor;

(b) The representatives, and later the assistant representatives, the Chief of the Africa Desk and the Regional Director formed RPMT, chaired by the Regional Director. The team serves as a planning, management and advisory body for the

countries of the region. To strengthen the Regional Director's programme policy, external relations and new operational functions, three Senior Officer posts at the P-5 level, corresponding to those functions, were created and filled. Each was subsequently allocated an assistant, funded through the interregional fund for programme preparation, promotion and evaluation (IFPPE). Furthermore, in addition to the two existing senior regional advisers for PHC and basic education, who are posted in the Kenya country office, two new senior advisers - for women's economic activities and integration (Kenya) and monitoring and evaluation (United Republic of Tanzania) - were added. In 1989, headquarters added a third senior regional adviser for UCI, who was initially outposted in Madagascar, but transferred to Nairobi in January 1990. The Monitoring and Evaluation Adviser was also transferred to ESARO from Dar es Salaam in 1989.

Assessment and implications for 1990 and beyond

91. The successful aspects of the restructuring were those changes that enabled the Regional Director to allocate far more of her time to country visits, to participation in key Africa-related meetings and events and to developing with her three senior officers the restructured office's new programme development, external relations and operations support functions. The elimination of her Kenya Representative responsibilties, as well as of other country representative duties, and the significantly reduced number of staff now under her supervision, have made this possible.

92. In addition, the collegial nature of RPMT greatly enhanced the success of region-wide activities because representatives and assistant representatives voluntarily shared regional responsibilities and tasks. This consultative process included decisions on regional IFPPE-supported activities and views on policy matters.

93. The less successful aspects of the restructuring plan are evident in the return to the Regional Office of three outposted regional advisers from Antananarivo, Madagascar and Dar es Salaam. Their presence in country offices had led to some confusion as to where their advisory roles ended and duplication of staff functions began. Administratively supervised by the representative, but substantively responsible to the Regional Director, advisers were inadequately supervised in this bifurcated situation. Teamwork was also hampered by the outpostings in different offices and could not be replaced by semi-annual meetings of advisers. With the return to Nairobi of all outposted advisers as of early 1990, effective teamwork will be restored.

94. With the integration of goals and strategies for the 1990s into the Decade for the African Child, the need for solid teamwork on the part of regional officers has become more imperative. A minimum critical number of technical staff to bolster the senior core posts has emerged and each team member is expected to act for colleagues not present at a particular meeting. Alternatively, where the team lacks specific technical expertise to address a particular set of needs, it can draw on country office specialists on a short-term basis or on consultants.

95. "The Nairobi experiment" has generally proven to be positive in that the restructuring has enabled the Regional Director to provide more support and guidance to country offices and to exercise her policy formulation, programme implementation and advocacy roles. It has emphasized the importance of remaining flexible about posts, their functions and locations as new outlooks and demands require new structures and responses.

B. Office management

Administration

96. ESARO has experienced great difficulty in providing the necessary administrative support expected of a regional office. The reasons for this situation include the inadequate number of posts for support staff (administrative and secretarial posts); a considerably increased work-load in 1989 as a result of the heightened advocacy role now being undertaken by the regional office (the World Conference of Education for All, social mobilization, etc.); the launching of "Operation Lifeline Sudan", which was based in the regional office; and the delay in filling a number of administrative and secretarial posts, as well as an unusually high turnover of staff. This applies particularly to the post of Executive Assistant to the Regional Director, who also serves as the regional office manager. The post has been filled by three persons on a short-term basis since the departure of the original incumbent in mid-1988.

97. Because of these difficulties, the Regional Office has had to rely heavily on the support and services of the Kenya Country Office. Without the extraordinary assistance of the latter in terms of personnel, transport and office accommodation, the operations of the Regional Office would have been much less extensive and efficient. Concerted efforts are now under way to rectify the situation. The need to rely upon the administrative services of the Kenya Country Office has gradually been reduced by the recruitment of an Assistant to the Senior Operations Officer. The presence of this Assistant will also allow the Senior Operations Officer in 1990 to begin his activities in support of country offices, such as computerization, training systems and management.

Financial management

98. The Regional Office utilized its entire administrative and programme budget in 1989. IFPPE expenditures came to 70 per cent, largely because of late recruitment, or non-recruitment, to vacant posts charged to the fund.

Supplies and logistics

99. During the first half of 1989, "Operation Lifeline Sudan" was the main focus of the regional supply function. Kenyan and offshore procurement in support of the project during the first four months (May-August) has been estimated at $4.2 million, divided into approximately 300 purchase orders.

100. Following the October 1988 Nairobi "Southern African Strategy Meeting", a Supply/Logistics Technical Group meeting was held at Harare in February 1989 with participants from the region, as well as key staff from Copenhagen. The main issues addressed included supply and logistics constraints on programme implementation, resulting mainly from poor standards of local goods; lack or scarcity of foreign exchange; sourcing of raw material and/or goods from South Africa; lack of skilled manpower; and limited possibilities for local procurement. The shortage or transfer of supply staff had been a major problem in the region. Countries such as Angola, Mozambique and Zambia have been without a supply officer for long periods of time and consequently had to rely on other support staff. Assistance to the Angola Office in terms of orientation and training of new staff was conducted in June 1989. A workshop report has been prepared and is being circulated to heads of offices in the region for their comments and advice as to the feasibility of this format for other countries.

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FOR INFORMATION

PROGRAMME DEVELOPMENT IN THE WEST AND CENTRAL AFRICA REGION

This document contains an overview of UNICEF programme co-operation in the West and Central Africa region during 1989.

The UNICEF regional office for West and Central Africa has responsibility for UNICEF co-operation in the following countries: Benin, Burkina Faso, Cameroon, Cape Verde, Central African Republic, Chad, Congo, Côte d'Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo and Zaire.

CONTENTS

		Paragraphs	Page
INTRODUCTION		1 - 14	4
I.	PRIMARY HEALTH CARE	15 - 53	6
	A. Expanded programme on immunization/universal child immunization	18 - 30	7
	B. Community health care, essential drugs and community financing (Bamako Initiative)	31 - 39	10
	C. Control of diarrhoeal diseases/oral rehydration therapy	40 - 41	12
	D. Nutrition	42 - 43	13
	E. Safe motherhood	44 - 46	13
	F. Malaria	47	14
	G. Acute respiratory infections	48	14
	H. Acquired immunodeficiency syndrome (AIDS)	49 - 53	15
II.	WATER SUPPLY AND ENVIRONMENTAL SANITATION	54 - 61	17
III.	EDUCATION FOR ALL	62 - 66	18
IV.	WOMEN IN DEVELOPMENT	67 - 72	19
V.	EARLY CHILDHOOD DEVELOPMENT	73 - 77	20
VI.	SOCIAL MOBILIZATION	78 - 80	20
VII.	EXTERNAL RELATIONS	81 - 103	21
	A. Information and communications	81 - 86	21
	B. Parliamentarians for children	87 - 90	22
	C. The Convention on the Rights of the Child	91 - 94	23
	D. Strengthening partnerships	95 - 99	23
	E. Greeting Card Operation	100 - 103	24

CONTENTS (continued)

		Paragraphs	Page
VIII.	OPERATIONAL AND MANAGEMENT ISSUES	104 - 118	25
	A. Logistics and supply operations	104 - 110	25
	B. Regional staffing	111 - 113	26
	C. Regional training	114 - 115	26
	D. Process of computerization	116 - 118	27

INTRODUCTION

1. While the industrialized nations recorded their sixth consecutive year of economic expansion in 1988, this growth did not result in an increased demand for Africa's major export commodities, including oil, which represented 89 per cent of its export revenues and whose prices remain for the most part below historical levels. If this phenomenon, which the African Development Bank (AfDB) has called the "delinking" effect, is to become a permanent feature of North-South economic relations, African States must strengthen regionalization, create truly regional markets and boost intra-African trade, which at present is estimated at 5 per cent.

2. Although the annual growth in gross domestic product (GDP) in sub-Saharan Africa increased at an average rate of 3 per cent, the economic gains were lost as populations continued to grow at an even faster pace. Countries in the region continued to witness widespread reversals in trends towards improved standards of child health and nutrition. In addition, as families and female-headed households are now primarily concerned with survival, education is rapidly becoming only a secondary concern, if it is considered at all.

3. In spite of debt rescheduling by commercial banks and creditor countries and the initiatives taken following the Toronto economic summit, the sub-Saharan economies continued to be plagued by excessive and increasing debt servicing, as measured in terms of interest and capital payments in relation to export earnings. In 1988, Africa's total debt grew to $224.1 billion, mostly from official creditors, with the debt service ratio reaching a level of 29.3 per cent.

4. Furthermore, as much of sub-Saharan Africa's outstanding debt is owed to official creditors, countries in the region can only partially benefit from the substantial voluntary debt reductions presently undertaken by commercial banks in the form of debt-equity swaps and trading in the secondary market through buy-backs. As a result, sub-Saharan Africa continues to rely to a large extent on donor Governments for debt reduction initiatives.

5. Along with the continuing need for debt reduction, negative financial flows urgently need to be reversed. If the volume of world trade can increase by 9 per cent as it did in 1988, ways to involve Africa in that process should be sought so as to improve its terms of trade. Africa's present share of total world trade has fallen to less than 1.5 per cent as estimated by a recent World Bank report on sub-Saharan Africa.

6. The planned integration of the European Economic Community (EEC) in 1992 and the rapid political and economic reforms now under way in Eastern Europe might have significant long-term implications for Africa's external trade and aid flows. A rejuvenated industrialization of Eastern Europe could lead to a renewed demand for Africa's raw materials, but as aid starts flowing to Eastern Europe, development assistance to sub-Saharan Africa must continue unabated. With the prospect of increased economic co-operation between Africa and Europe following the fourth Lomé Convention, the regional office will continue to strengthen its ties with EEC.

7. In line with the 1986-1990 United Nations Programme of Action for African Economic Recovery and Development, many countries are in the process of redefining economic policies and introducing reforms based on structural adjustment programmes with the assistance of the International Monetary Fund, the World Bank and AfDB. Such programmes are increasingly taking into account the social costs of adjustment and the need to protect the most vulnerable groups. Ghana has pioneered that approach in its Programme of Action to Mitigate the Social Cost of Adjustment, whose focus, which gained momentum during 1989, is on rural and urban households lacking economic opportunities and on government employees affected by retrenchment.

8. As a result of the ongoing economic crisis and the accelerated pace of urbanization, African society is undergoing profound changes that affect the social and organizational behaviour of its populations. Strategies of States and organizations tend to be static, whereas societies are in a state of rapid transformation. In line with the UNICEF Executive Board paper on children in the 1990s (E/ICEF/1989/2), the regional office has undertaken studies on the dynamics of social and economic change, one of which describes the particular constraints that need to be overcome in order to establish a better world for Africa's children.

9. At the UNICEF pan-African consultation held in Lomé (Togo) in September 1989, participants strongly endorsed the idea of people-centred development, implying a greater role for people in identifying, formulating, implementing and evaluating their own social programmes in order to improve their social and economic well-being. Although the process of decentralization initiated by several countries in the region is encouraging, it should be noted that the present acceleration of decentralization - coupled with community participation and community financing - is often the result of the financial incapacity of central Governments to provide primary health care (PHC), education and other basic services.

10. In 1989, the region's political balance remained relatively stable, with the exception of a serious dispute between Senegal and Mauritania. What began as an isolated border conflict between local farmers and herders of both countries on the banks of the Senegal River spread quickly in the form of attacks on both Senegalese and Mauritanian interests, which resulted in serious violence and the displacement of thousands of Senegalese and Mauritanians. UNICEF reacted swiftly with emergency assistance from the Executive Director's Emergency Reserve Fund, providing essential drugs, disinfectants and food, but implementation of regular UNICEF-assisted programmes was seriously impaired in both countries.

11. Following the signing of a formal co-operation agreement between AfDB and UNICEF in 1988, the two institutions are now poised to begin practical co-operation. Although informal collaboration had existed previously, the two institutions will now, for the first time, combine financial resources and technical expertise in joint project identification, studies, training and programme financing in member countries.

12. It seems unlikely that truly sustainable development can be achieved without the active participation of national non-governmental organizations (NGOs), which seem to be in the best position to blend development with national and cultural

needs. For instance, several national NGOs in the region are known to have special capabilities in strengthening local groups and communities by identifying and transferring appropriate technology. Because most national NGOs lack sufficient funding to carry out the important task of empowering communities with knowledge effectively, the regional office continues to encourage country offices to work increasingly with national NGOs, including extending financial support where appropriate.

13. The regional office played an active role in establishing the new programme information data base (PIDB) system, together with headquarters and field staff. The system is designed to facilitate programming by objectives and the monitoring of programme implementation through a simplified programme summary at the component level and a coding mechanism. Improving the quality of programming in the region by extending full support to the country programming exercise will remain the regional office's highest priority.

14. The medium-term plan for 1988-1992 (E/ICEF/1989/3) reiterated that Africa will remain the region of highest UNICEF priority because its overall prospects and great need for external support present the greatest development challenge for the remainder of the century.

I. PRIMARY HEALTH CARE

15. For the period 1980-1987, annual percentage declines in infant and under-five mortality rates in the region are estimated to be below 2 per cent per year, except for Cape Verde. In order to reach a 50 per cent reduction by the year 2000, decline rates will have to double to about 4 per cent per year.

16. Progress in maternal and child health (MCH) and PHC will have to be based on the development of all existing infractructures and human resources. Several countries in the region are responding to this challenge by mobilizing additional community resources that need to be complemented by sustained government and donor commitment. Considerable emphasis has been placed on detailed planning and programming at the district level. The establishment of sound management procedures, effective systems of supply, training and the supervision of personnel, information and financial control have all been given priority attention in order to achieve the successful extension to scale of national PHC programmes.

17. In Cameroon, Cape Verde, Chad, Equatorial Guinea, Guinea, Liberia, Sierra Leone and Zaire, the regional office was closely associated with this process through technical support for mid-term programme reviews and the preparation of new country programme recommendations.

A. Expanded programme on immunization/universal child immunization

18. The West and Central Africa region has continued to progress towards the goal of reaching 75 per cent coverage of children under one year of age by the end of 1990. In spite of extreme economic difficulties, all countries have been striving to complete the development of an extensive cold-chain system and health service network which can provide immunization services at a convenient distance from communities so as to ensure access to and the use of immunization services. By the end of 1988, nearly 50 per cent of all infants received their immunizations before their first birthday (see table 1 below). These rates are significantly higher than in the previous year because of nearly doubled coverage in Nigeria and a steady increase in coverage in nearly all other countries. Cape Verde and the Gambia have already achieved universal child immunization (UCI), and another seven countries have achieved more than 50 per cent coverage for all antigens administered to infants. Although 1989 performance has not yet been assessed, preliminary data indicate another substantial improvement.

19. Many countries have combined a focus on building capacity to deliver services through fixed facilities, outreach services and mobile teams with significant social mobilization. The political commitment in all countries is high, and it is expected that in 1990 many activities will continue the acceleration of immunization coverage. Special efforts are being made in the region to improve the coverage of tetanus toxoid for pregnant women and women of child-bearing age, as neonatal tetanus continues to be a problem.

20. Cape Verde and the Gambia have succeeded in sustaining UCI, improving even further their previous levels of vaccination coverage. Both are now in the consolidation phase, and the goal of eliminating neonatal tetanus is within easy reach.

21. The Congo, Gabon, Guinea-Bissau and Togo have reached coverage levels exceeding 60 per cent, with Gabon and Guinea-Bissau achieving particularly remarkable progress in 1989. Accessibility to immunization services has been greatly improved and these countries are likely not only to reach UCI but also to sustain their achievements afterwards. Social mobilization efforts need to be maintained until infant vaccination becomes a routine event in every family's life.

22. The Central African Republic, Mali, the Niger and particularly Nigeria, which accounts for more than half of the region's population, have nearly doubled their coverage rates. In Nigeria, acceleration began in 1988 with national immunization days, while in 1989 greater attention was paid to programme consolidation and acceleration at the state level. The importance of the presence at a vaccination site of a person of high credibility and integrity, which encourages mothers otherwise unfamiliar with the benefits of immunization, has been an important lesson. The decentralization of expanded programme on immunization (EPI) planning has also progressed. These factors are all great assets for successfully sustaining current results.

Table 1. Immunization coverage rates in the West and Central Africa region for 1988 a/

(In percentages)

Country	BCG b/	DPT3 c/	OPV3 d/	Measles	TT2 e/
Cape Verde	100	90	87	80	60
Gambia	96	83	89	80	88
Congo	88	71	71	73	47
Gabon	96	68	68	71	60
Guinea-Bissau	88	67	70	52	22
Togo f/	95	62	60	74	72
Nigeria	72	58	57	59	20
Senegal	88	55	55	60	24
Cameroon	69	53	51	48	32
Central African Republic	84	42	42	55	40
Zaire	59	41	41	44	43
Ghana	56	33	33	47	19
Côte d'Ivoire	52	32	32	30	46
Benin	50	30	30	30	7
Burkina Faso	73	30	30	49	15
Liberia	62	28	28	55	20
Mauritania	79	28	28	45	-
Sierra Leone	73	25	25	38	50
Equatorial Guinea	56	19	21	38	-
Mali	64	18	18	23	17
Guinea	31	16	16	27	6
Niger	39	16	16	24	8
Chad	38	14	14	17	10
Weighted average	66	46	45	50	25

a/ Coverage of children during their first year of life unless otherwise indicated.

b/ Anti-tuberculosis vaccine.

c/ Three doses of combined diphtheria/pertussis/tetanus vaccine.

d/ Three doses of oral polio vaccine.

e/ Two doses of tetanus toxoid.

f/ Coverage of children under the age of 23 months.

23. In Mali, EPI became fully operational throughout the country, and social mobilization has begun to be perceived as an essential programme component. Mali has also officially limited the target group to children under two years of age instead of those six years of age and under, which has led to a considerable concentration of efforts. In the Niger, better organization, particularly at the national level, which has entailed the lifting of a number of administrative constraints, is opening avenues for the rationalization of EPI activities. The Central African Republic was able to achieve a more effective service delivery system, allowing the population greater access to health services.

24. Zaire, the second most populous country in the region, has now confirmed a vaccination coverage rate exceeding 40 per cent. This is a commendable result when constraints are taken into account such as limited accessibility to rural areas, a national health budget now reduced to 2 per cent of the total national budget and weak support to EPI from external donors as compared to most other countries in the region. The Zaire programme is currently being accelerated in large urban centres and will be expanded in more underserved areas.

25. Burkina Faso, Côte d'Ivoire and Mauritania experienced a decline in coverage in 1989. Although initial results had been encouraging following campaign-type accelerations, the organization of sustained accessibility to immunization services has lagged behind and slowed down momentum. However, these countries are now moving steadily towards strengthening their infrastructure to ensure accessibility to health services. Recent data from Senegal also suggest a possible decline in coverage. A recent evaluation identified contributing factors including a large number of missed opportunities to vaccinate women and children and the fact that social mobilization efforts did not pay enough attention to sustainability. Mobilization strategies are now concentrated on providing community members with enough information, respect and confidence to generate true demand.

26. Although Benin and Guinea have not yet reached satisfactory vaccination coverage, their EPI development is closely linked to that of a balanced, integrated PHC programme, including the provision and rational use of essential drugs. In addition, successful community cost-sharing schemes provide new opportunities for sustainability and stimulate other countries in the region to look for similar approaches. Both countries have provided opportunities for the exchange of experience and training within the context of technical co-operation among developing countries.

27. With the new post of regional EPI/UCI adviser filled early in 1989, the regional office has been able to provide significant additional technical support for UCI. The office has also participated in several EPI country programme preparations, reviews and evaluations and provided specific support for Côte d'Ivoire, Equatorial Guinea and Liberia, which experienced set-backs.

28. Co-operation continued to be strengthened with other regional partners, particularly the World Health Organization (WHO) and the Organization for Co-ordination and Co-operation in the control of Major Endemic Diseases in West Africa (OCCGE). UNICEF participated actively in WHO subregional workshops on the preparation of national action plans for the elimination of neonatal tetanus.

Other important events included the fourth joint WHO/UNICEF meeting with the Technical Group on Immunization and the OCCGE subregional meeting for national EPI co-ordinators.

29. A UNICEF regional meeting on UCI, held in Abidjan (Côte d'Ivoire) in conjunction with a training workshop on the Bamako Initiative, provided an excellent opportunity to discuss the development of a regional plan for evaluating UCI, taking into account country-specific situations. Staff from all countries in the region reviewed major relevant issues for UCI sustainability, including social mobilization, management capacity and economic constraints.

30. Economic considerations are a matter of increasing concern in the entire region, as signs of economic improvement have been slow to materialize. In the short- and even medium-term, an improvement in public resources devoted to health, currently at a record low, is not likely. Current data, although not standardized, show a cost per fully immunized child of more than $15 in many countries and even $50 in some cases. Expenditures may also increase greatly once the programme begins to attempt to reach new groups. Resource mobilization needs to be maintained at important levels in order to ensure EPI during the next decade. In addition, efforts should be directed towards measuring actual costs and standardizing approaches in order to monitor and improve cost-effectiveness. Greater attention should be paid to these important, though not yet fully clarified, factors affecting sustainability.

B. Community health care, essential drugs and community financing (Bamako Initiative)

31. The Bamako Initiative fits in well with current government aspirations to develop further basic MCH/PHC services in a context of increased decentralization and community cost-sharing for health care. There is genuine concern to improve social conditions, but there is also an urgent need in most countries to update national PHC policies and to translate them, particularly with regard to community financing, into a legal framework. It is difficult to develop all policy components proposed by the Bamako Initiative at the same pace, but progress has been impressive in Burkina Faso, Ghana, Mauritania, Nigeria and Sierra Leone.

32. Multisectoral PHC/Bamako Initiative planning committees, often including donor agencies, have been established in most countries of the region. In Burkina Faso and Ghana, criteria have been defined for the selection of districts where MCH/PHC, including the provision of essential basic drugs and community financing, will be supported. It has become apparent that the chances of successfully implementing the Bamako Initiative approach vary according to local economic resources, education levels, community participation experience, staff motivation and management skills. NGO and government experiences at the district level form a rich basis on which to build. The challenge is to move ahead with area-specific planning, programming and monitoring while continuing to strengthen policies, co-ordination and management systems at the national level.

33. In most countries, data are not readily available on the levels and trends in resource allocations for the various components of MCH/PHC at the subnational and national levels. With the Bamako Initiative, there has been a growing interest in improving the analysis of current patterns in health care financing and in proposing new alternatives, taking into account the restructuring of government health budgets, when appropriate, and community cost-sharing. In several countries, additional resources from Governments, including foreign exchange, are also necessary in order to ensure, inter alia, regular payment of health personnel and basic imports.

34. Coverage under Bamako Iritiative activities is still generally limited, but good progress has been achieved in Benin, Guinea, Nigeria and Sierra Leone. Most countries have selected small areas to start with, ranging from a group of 28 villages with approximately 70,000 people in Mauritania to an expected target population of 1.8 million in 21 districts in Nigeria.

35. Both the establishment of a drug policy as part of the national health policy and the integration of an essential drugs programme into the national PHC strategy have become an increasing reality in all countries that have adopted the Bamako Initiative approach. Some countries, such as Benin, Ghana and the Niger, are already able to produce basic essential drugs of good quality at an acceptable price. Measures are under way to improve the rational use of essential drugs as well as the efficiency of their procurement and distribution. UNICEF is now supporting the provision of essential basic drugs in most countries of the region, in conjunction with logistical support, training and supervision of health personnel. In Burkina Faso, Nigeria and Zaire, operational research has been carried out on issues such as drug selection, distribution systems, pricing and prescription practices.

36. Various community-financing schemes are being tested in the region, all of which have as a major objective raising at least enough funds to ensure the continuous replenishment at the community level of from 30 to 40 basic essential drugs. In Guinea, community financing is closely supervised by community-appointed management committees. Fixed amounts of revenues are regularly allocated to the operational costs of the health centre (about $20 per month) and to pay incentives to health workers (about $10 to $15 per person). After one year, a budget is prepared taking into account all fees and costs of medicines, registers, fuel, operational expenses and premiums. Identifying those who are unable to pay the charges for service and how such costs may be absorbed is an ongoing problem.

37. Supporting activities have focused on improving country situation analyses of current PHC policies and strategies, including health care financing and community participation. Such studies have been carried out in the context of country programming exercises in Chad, Cape Verde and Sierra Leone, and on specific subjects in Burkina Faso, Mauritania and Togo, among others. Taking into account the complex approach proposed by the Bamako Initiative, there is a need to increase the capacity of countries for operations research, strengthening health information systems and establishing appropriate management systems based on local realities. Two international conferences on community financing co-sponsored by UNICEF, were organized in Paris and Freetown (Sierra Leone). Most interested countries in the

region were thus able to review existing experiences and exchange ideas on possible ways of solving difficult questions regarding health care financing, management systems and community participation.

38. Training has been intensive for staff at all levels of the PHC system, including policy-makers, health workers and community members. The regional office organized two training workshops in Abidjan, on the Bamako Initiative that were attended by some 80 representatives, programme officers and resource persons. Health management information systems are generally still weak in the region, but several countries are in the process of strengthening monitoring and evaluation systems that will require further UNICEF support.

39. Collaboration with WHO on the Bamako Initiative has been well established at headquarters, regional and country levels. Other partners, including NGOs, churches, health organizations, bilateral co-operation agencies, the World Bank and AfDB, have shown increasing interest in supporting PHC projects with community participation and cost-sharing. A brochure on the Bamako Initiative has been published by the regional office in French, English and Italian and will soon appear in Portuguese.

C. Control of diarrhoeal diseases/oral rehydration therapy

40. Access to oral rehydration salts (ORS) has slowly increased in Africa to an estimated level of 38 per cent in 1987, which lags well behind a global access rate of 60 per cent. Oral rehydration therapy (ORT) is used to treat only 19 per cent of child diarrhoea cases, with 13 countries in West and Central Africa having rates at or below 10 per cent. Overall progress of control of diarrhoeal diseases (CDD) programmes in recent years has not been as fast as that of EPI. However, there is a definite trend towards strengthening the integration of CDD programmes with EPI, nutrition and water sanitation programmes in several countries including Cape Verde, Gabon, Nigeria and Zaire. There is a great need for more systematic monitoring and evaluation of key indicators of CDD programmes in the region. In this respect, two WHO-sponsored subregional programme reviews have been carried out with UNICEF participation in N'Djamena (Chad) and Monrovia (Liberia). UNICEF continues to provide ORS and to actively support the equipment of diarrhoeal training units in hospitals and ORT corners in health centres in many countries such as Burkina Faso, Sierra Leone and Togo.

41. Much assistance has also been given for the training of health personnel and volunteers, emphasizing correct diagnosis and proper use of ORT. With the provision and rational use of essential basic drugs, it is hoped that there will be a significant decline in the prescription of useless anti-diarrhoeals and antibiotics for simple diarrhoeas. Great efforts have been made in Burkina Faso and Cape Verde to develop information and education materials. Recent surveys, such as one carried out in the Congo, indicate that two-year-old children suffer from diarrhoea during approximately 55 days per year. This clearly indicates the need to boost efforts further for better water supply and sanitation through the promotion of simple techniques such as frequent hand-washing.

D. Nutrition

42. Over the last decade, malnutrition has been a constant feature in the region because of droughts, agricultural scourges, wars, economic crises and a general decline of per capita food production. Significant additional efforts are thus needed to reverse the static trend or even possible increase in the prevalence of malnutrition. In most countries of the Sahel, UNICEF is supporting nutrition rehabilitation centres, training and health education activities. In Mali and the Niger, in the context of the UNICEF/WHO joint nutrition support programme (JNSP), village-based growth monitoring has been successfully used to assess the progress of global community development.

43. UNICEF was associated with workshops on breast-feeding organized by the International Baby Food Action Network in Abidjan and Lomé. As a large proportion of the region's population has rapidly become urbanized, close attention should be paid to avoiding a decline in breast-feeding, which would further increase already high rates of infection and retarded growth and development. Food and nutrition surveillance projects are under way in the Central African Republic, Ghana, the Niger, Nigeria and Togo. The Joint Food and Agriculture Organization of the United Nations (FAO)/UNICEF/WHO Technical Group on Nutrition recommended, at its annual meeting in Brazzaville (Congo), the formulation of national medium-term plans of action for food and nutrition. The third meeting of the African Task Force for Iodine Deficiency Disorders (IDD), hosted by the Abidjan Regional Office, reviewed national IDD control programmes of Benin, Burkina Faso, Cameroon, Congo, Mali, Niger, Senegal, Togo and Zaire. Technical support was provided to finalize projects for IDD assessment or outlines of national control programmes. In several countries of the Sahel, UNICEF is supporting control programmes for vitamin A deficiency. The UNICEF office in Senegal collaborated actively in a regional workshop on vitamin A held in Dakar.

E. Safe motherhood

44. Maternal mortality rates (MMRs) in the region range from 300 to 1,500 per 100,000 live births as compared with from 2 to 5 per 100,000 live births for women in industrialized countries. This very high risk of death from obstetric complications - mainly haemorrhages, severe infections, toxaemia, obstructed labour and septic abortions, reflects several underlying factors: pregnancies starting too early or occurring too late, or being too frequent and too close; a lack of adequate medical care and services at or near the place of delivery; poverty and ignorance leading to malnutrition; and poor utilization of existing services.

45. Two major conferences on safe motherhood, co-sponsored by UNICEF, were recently held in Africa. The first was in Nairobi (Kenya) in 1987 and the second one in Niamey (Niger) in January 1989. Both conferences provided opportunities for countries in the region to review their situations regarding maternal health and to start drawing up national action plans for meeting the goal of reducing MMRs by 50 per cent by the year 2000. For example, the strategy chosen by Ghana and the Niger consists of a PHC approach in conjunction with broader development measures for improving nutrition, education, information and the status and income of women.

46. In the Central African Republic, Guinea, Liberia, Nigeria, Sierra Leone, Togo and Zaire, UNICEF is supporting the training of traditional birth attendants (TBAs) in order to increase coverage of safe and effective obstetric care at the commmunity level using appropriate methods and equipment. In Guinea, Sierra Leone and Zaire, UNICEF also supports the production of TBA training manuals. Through the provision of basic drugs, an increasing number of countries are able to prevent and treat pregnant women with anaemia, malaria and severe infections. Referral and support services need further improvement in most cases. The availability of family planning services, in co-operation with other agencies, such as the United Nations Population Fund and WHO, has improved in Mali and Mauritania. The reduction of population growth so as to ensure adequate food, housing, education, health services and jobs for the future generation is a growing concern of many countries in the region but traditions, culture and religion make the effective adoption of new policies extremely difficult. More operational research regarding community-based approaches for improving maternal health is needed, in addition to continued actions to improve women's nutrition and tetanus toxoid immunization.

F. Malaria

47. The situation regarding malaria remains quite critical for mothers and children in the region. There is an increasing incidence and geographical spread of drug-resistant parasites. Malaria contributes to maternal and child mortality, anaemia, premature labour, foetal death, intra-uterine growth retardation and low birth weight. Morbidity and mortality prevention continues to depend on chemotherapy for diagnosed cases, chemoprophylaxis for pregnant women and the selective use of vector control measures. Special efforts are needed to improve the rational use of anti-malaria drugs and to monitor drug resistance. It is a sad reality that alternative drugs to chloroquine are too expensive to enable widespread use in countries where they are most needed. Mosquito netting, impregnated with insecticide, has received renewed interest in several West African countries. UNICEF support focuses on the provision of drugs in a large number of countries within the framework of the Bamako Initiative. Increased attention is needed to encourage and support the development of realistic national plans for malaria control, with detailed guidelines for their implementation and evaluation.

G. Acute respiratory infections

48. Acute respiratory infections (ARI) are among the most common diseases of African children. It is estimated that pneumonia is responsible for about 20 per cent of all deaths occuring in children under five years of age. In several countries, such as the Gambia, which have recognized the magnitude of the problem, UNICEF is now supporting ARI control programmes with improved case management strategy and the appropriate provision of anti-microbial therapy. Contributing control measures such as immunization to prevent diphtheria, whooping cough, measles and tuberculosis, as well as good nutrition and domestic hygiene practices need to be further improved and sustained.

H. Acquired immunodeficiency syndrome (AIDS)

49. A review of data reported by WHO in November 1989 showed a progressive increase in reported AIDS cases in West and Central Africa and significant differences in human immunodeficiency virus (HIV) infection prevalence from country to country (see table 2).

50. It is already known that AIDS is a major public health problem in Central Africa where, in some urban centres, from 5 to 25 per cent of adults aged 20 to 39 years are infected with HIV. In Zaire, about 8 per cent of pregnant women are HIV-positive, and up to half of them may transmit the virus to their infants. Governments are increasingly concerned that AIDS-related deaths in children may eliminate and even reverse important child survival gains made over recent years in Africa. The two age peaks observed, 0-5 and 20-40 years, are consistent with sexual transmission in adults and vertical transmission to children, which are the two major modes of HIV transmission in Africa.

51. A major new concern is what appears to be a rapid emergence of AIDS in some West African countries. In the largest hospital in Abidjan, a recent study has shown that 19 per cent of medical admissions and 33 per cent of medical deaths are attributable to AIDS. Sero-prevalence reaches 9 per cent in pregnant women and up to 39 per cent in the most sexually active women, levels that are comparable to those in some Central African cities. The reasons why neighbouring countries such as Liberia or Nigeria have not been as affected are as yet unclear. Surveillance for AIDS is made difficult by a lack of laboratory facilities and poor sensitivity of clinical case-definitions. Nation-wide serological surveys could become necessary in order to monitor the spread of HIV infections and the efficacy of public health interventions against AIDS. There is also an urgent need to select sentinel populations and sentinel sites to be used in national surveillance programme.

52. With WHO technical assistance, most countries are finalizing or implementing medium-term plans for AIDS control that include priority activities such as strengthening epidemiological surveillance and adopting measures to reduce the risks of sexual, blood and transplacental HIV transmission. In collaboration with the WHO Global AIDS Programme, UNICEF is closely co-ordinating its support with national AIDS committees and programmes. Information, education and communication activities for adults and schoolchildren are receiving increased UNICEF assistance in countries such as Burkina Faso, the Central African Republic, the Congo and Sierra Leone. UNICEF co-sponsored and participated in the International Symposium on AIDS Education held in Yaoundé (Cameroon), which gave health education and other experts the opportunity to exchange ideas and experience on outreach, counselling and innovations in educating young people about AIDS.

53. Attention and support also continue to be provided to improve further EPI sterilization practices through the provision of equipment, training of personnel and monitoring the correct implementation of the policy of one sterile needle and one sterile syringe per injection.

Table 2. Acquired immunodeficiency syndrome (AIDS) data as at 3 November 1989 for West and Central Africa

Country	Number of cases	Date of report
Benin	36	31.03.89
Burkina Faso	555	31.03.89
Cameroon	78	31.03.89
Cape Verde	25	31.07.89
Central African Republic	662	31.12.88
Chad	14	30.06.89
Congo	1 250	31.12.87
Côte d'Ivoire	250	20.11.87
Equatorial Guinea	3	27.06.89
Gabon	35	30.06.89
Gambia	62	31.12.88
Ghana	921	31.08.89
Guinea	52	31.05.89
Guinea-Bissau	76	18.05.89
Liberia	2	11.03.88
Mali	29	14.01.88
Mauritania	-	31.07.88
Niger	56	31.03.89
Nigeria	35	25.09.89
Senegal	207	04.08.89
Sierra Leone	21	30.06.89
Togo	23	22.06.89
Zaire	335	30.06.87
Total	4 727	

Region	Percentage of world total	Number of cases
Africa	17.16	32 062
Americas	67.83	126 714
Asia	0.24	454
Europe	13.87	25 905
Oceania	0.90	1 668
World total	100.00	186 803

Source: WHO, "Weekly Epidemiological Record", No. 44, pp. 64, 337-344.

II. WATER SUPPLY AND ENVIRONMENTAL SANITATION

54. In spite of a sustained effort by countries in the region and international aid organizations, the targets set by the International Drinking Water Supply and Sanitation Decade (IDWSSD) will not be reached in West and Central Africa in 1990. As a result, Governments and international aid agencies have decided to increase their efforts during the 1990s in order to reach the targets at a later date.

55. In general, present strategies are being revised so as to achieve more systematic participation of the population. Indeed, the commitment of communities has become a prerequisite for the successful development, maintenance and repair of water and sanitation facilities. Communities now are required to prove first that they are capable of maintenance and repair before new water and sanitation services are installed. As a direct consequence, the region's rate of establishing new facilities has slowed in order for communities to organize themselves on the basis of this new concept of community participation.

56. The pump maintenance system is organized around local mechanics whose services are paid for out of a village fund that is managed by the village committee. The fund also pays for the purchase of spare parts. This system has proved to be valuable and efficient in Benin, Burkina Faso, the Niger, Mali, the Central African Republic, Cameroon, Liberia, Ghana, Guinea and Guinea-Bissau, resulting in small numbers of broken pumps, limited duration of down-time and satisfaction among villagers, who benefit from clean and potable water at a relatively modest annual cost of between $50 to $150. In a new programme launched in Côte d'Ivoire in 1988 to rehabilitate thousands of water pumps during a three-year period, a contract is established between the village and the Government and stipulates community maintenance in return for the provision of rehabilitation services.

57. In view of the increasing problem of corrosion of equipment, several countries have begun to replace galvanized pipes and other accessories with rust-proof steel in an effort to reduce down-time and also to avoid a situation whereby villagers would refuse to use the iron-contaminated water. If an experiment with the less expensive PVC pipe produced in Abidjan should prove to be successful, the pipe replacement programme could be carried out on a much larger scale.

58. Several countries have shown the political will to intensify the fight against guinea worm disease. The Third International Conference on Guinea Worm, sponsored by WHO, will take place in Côte d'Ivoire early in 1990. The conference is expected to encourage countries to establish national programmes designed to eradicate the disease by 1995.

59. Sanitation programmes are increasingly sustained by community mobilization, with schools, parents and political leaders becoming involved. The training of sanitation maintenance personnel has proven to be an economic and efficient solution.

60. Rural water supply will continue to require substantial resources until at least the year 2000. While the minimum coverage requirements have not yet been met, population growth continues to limit the effects of water programmes. In order to make water and sanitation part of locally integrated health projects, water pumps and sanitation facilities are increasingly placed near schools and health centres, facilitating health and sanitary education.

61. As IDWSSD comes to an end, it would be useful to review what has been achieved and to assess the behaviour of rural populations in the face of new elements introduced in rural water programmes, including stricter water consumption rules, cost recovery and the popular perception of environmental sanitation and hygiene regulations. Such a review could contribute to defining and implementing water and environmental sanitation programmes better during the next decade.

III. EDUCATION FOR ALL

62. The regional office has actively participated in the preparations for the World Conference on Education for All to be held in Bangkok in 1990. A joint ad hoc committee of the Regional Office for Education in Africa of the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the UNICEF West and Central Africa Regional Office organized national consultations in Benin, Burkina Faso, Cameroon, Cape Verde, Chad, the Congo, Ghana, Guinea and Togo.

63. Studies have been initiated by the West and Central Africa Regional Office in Burkina Faso, Cape Verde, Chad, Côte d'Ivoire, Mauritania, the Niger, Sierra Leone and Togo in order to complement information on educational issues that was previously unavailable. A document entitled "Societies in crisis - perspectives for education", containing a synthesis of those studies and consultations, was presented at the subregional consultation in Dakar and formed the basis of the pan-African perspective to be presented at the conference.

64. The joint UNESCO-West and Central Africa Regional Office Ad Hoc Committee has also developed two other documents designed to sensitize the public to certain aspects of the "Education for All" concept. One document contains comments by a select group of educators on controversial subjects such as the use of national languages. Another research document, entitled "Opinions on education for all in Africa", details expert opinions on future strategies required to achieve the targets set by the World Conference. The collaboration between UNESCO and the West and Central Africa Regional Office has been exemplary, with the division of tasks clearly agreed upon at the outset by the two organizations.

65. The country offices in the region have played an active role in mobilizing support for national consultations on "Education for All". The West and Central Africa Regional Office made important conceptual, logistical and financial contributions to country offices to support of those national consultations.

66. Following the World Conference on Education for All, the regional office will ensure that its recommendations will be taken fully into account in the country programming exercises.

IV. WOMEN IN DEVELOPMENT

67. It is now a recognized fact that women play the most crucial role in development. They are simultaneously farmers, mothers, providers of water and firewood, small entrepreneurs and, very often, single parents. Their work day is inhumanely long, leaving no time to care adequately for their children, let alone transfer knowledge and cultural heritage to the next generation. Women's preoccupation with survival alone leaves no room for occupations such as education or basic early childhood care. With each passing day, another malnourished child and another set of brains will have been wasted. And, in the process, a culture is destroyed.

68. Projects benefiting women have now been firmly integrated into all UNICEF-assisted programmes in the region. Benin, Burkina Faso, Cape Verde, Côte d'Ivoire, Mali and Senegal are among those countries where literacy and social mobilization are especially targeted towards women. Women are viewed as efficient managers of income-generating activities, but their access to credit needs to be broadened in order to put those activities on a sound financial and organizational footing. A widespread system of regional and national banks guaranteeing such credits - perhaps modelled after the Grameen Bank experience in Bangladesh - would go a long way towards making credit, and thus income-generating activities, available to a much larger population group.

69. UNICEF assisted the All African Conference of Churches in the organization of a conference at Lomé that discussed the role of church women in social mobilization for child survival and development (CSD) activities. Over 200 women represented 38 African countries at this meeting, which discussed ways to empower women to work for change in their own situations, leading to self-reliance.

70. Burkina Faso, Côte d'Ivoire, the Central African Republic and the Niger are among those countries that have established a ministry for the promotion of women, which actively pursues forward-looking strategies for the integration of women in development. In Sierra Leone, a national government Women's Bureau, with desk officers in every ministry, was established in 1988.

71. Country offices continued to support national workshops and seminars on women's issues. Support to women's groups and co-operatives needs to be selectively assessed in order to identify the most appropriate activities.

72. As women become more involved in the development process, men will need to do their part as is happening successfully in Burkina Faso's NAAM movement (co-operatives based on the traditional form of community participation), in which women and men share the burden of fighting the effects of desertification. As stated in Facts for Life: "The time has come, in all countries, for men to share more fully in that most difficult and important of all tasks - protecting the lives and health and growth of their children".

V. EARLY CHILDHOOD DEVELOPMENT

73. In 1989, early childhood development partners were identified with the country offices in Cape Verde, the Central African Republic, Liberia, Nigeria and Sierra Leone. Contacts with international NGOs specializing in early childhood development, such as the Bernard van Leer Foundation and the World Organization for Early Childhood Development, were strengthened.

74. In most countries in the region, this component is not included in UNICEF-assisted programmes. In Nigeria and Sierra Leone, child care and childhood stimulation are integrated in pilot projects benefiting women. In Cape Verde, the Government is expanding early childhood development activities, such as child care and teacher training, with UNICEF and NGO support.

75. In several countries, UNICEF is supporting child-to-child activities, whereby children transfer knowledge on health, personal hygiene and nutrition to their younger siblings. The dissemination of Facts for Life may be successfully tried through the child-to-child programme.

76. Burkina Faso and Nigeria have established policy guidelines on early childhood development and pre-school education focusing on curriculum development and the regulation of activities and facilities. Liberia and Sierra Leone are among those countries presently working on early childhood development policy guidelines.

77. The challenge now exists to integrate such concerns into social mobilization and awareness-building among the public in other countries of the region. Furthermore, systematic training of early childhood development personnel, a prerequisite to sustain the quality of facilities and activities, should be made an integral part of early childhood development policy.

VI. SOCIAL MOBILIZATION

78. Through social mobilization, country offices are making the process of programme delivery more operational and effective, mobilizing existing knowledge and experience and bringing the owners of such knowledge into this process. Social mobilization in the region is increasingly integrated in the country programming exercise in order to strengthen programme delivery, especially EPI and CDD programmes, whose goal-oriented approaches support the mobilization effort.

79. Country offices are hoping to make use of new or relatively underutilized channels for communicating social mobilization messages. In Sierra Leone, an Islamic Action Group for Children was established. In Senegal, village health committees have been asked to develop their own social mobilization strategies. In Cape Verde, UNICEF helped to upgrade communicators' skills and knowledge of PHC with the result that the mass media, particularly the radio network, have become important allies in social mobilization.

80. Rural radio programmes, broadcasting health messages, continue to be developed in Burkina Faso, Chad, the Central African Republic, Guinea, Mali and elsewhere. Burkina Faso has started weekly broadcasts using Facts for Life messages. These national programmes are proving to be effective channels in relaying health messages to a varied public, from parent to health worker, and from planner to opinion leader. The regional office is developing a regional strategy to support country office collaboration with local radio stations.

VII. EXTERNAL RELATIONS

A. Information and communications

81. Throughout the region, a groundswell of media support has been noted for CSD issues, notably EPI and the Bamako Initiative. National workshops on, among other things, the Convention on the Rights of the Child, acted as a spur for the national press to cover child-related problems. In Burkina Faso, Chad, the Congo, Guinea, Liberia, the Niger, Nigeria, Senegal, Sierra Leone and other countries, UNICEF offices have forged excellent relationships with the media. In Nigeria, the new National Association of Women Journalists has become an invaluable ally in promoting child survival issues.

82. A focal point of media attention in the region is the annual launching of the State of the World's Children report. In Abidjan, a press conference was held in the presence of three ministers and the entire international community. In Chad, UNICEF organized a round-table discussion with government officials and other personalities on the themes underlined in the report. In Sierra Leone, President Momoh launched the report during a prime-time radio broadcast to the nation, which was preceded by a panel discussion involving cabinet ministers, parliamentarians, journalists and a cross-section of the professional sectors.

83. The regional office has produced videos to support regional activities that have been made available in English and French to the National Committees for UNICEF and country offices throughout Africa. In addition, television and radio spots were produced for the 1988 and 1989 greeting card campaigns and have been used successfully in several countries. Burkina Faso has produced videos on health themes for use on national television. The Nigerian Television Authority produced nine major programmes and eight educational jingles in support of EPI and other child survival themes.

84. The challenge is to intensify the interaction of the region with the National Committees for UNICEF, which play an important role in mobilizing public opinion in industrialized countries in order to capitalize on the multiplier effects of social mobilization. More frequent field trips in the region by the National Committees would be welcome as they are indispensable in reinforcing the mutual process of social mobilization. The National Committees could, at the same time, make more extensive use of documentary and analytical materials produced by field offices.

85. National Committees for UNICEF continued to visit the region to produce film material for advocacy and fund-raising purposes. The French Committee produced a film on the Mauritanian child and the Netherlands Committee produced one on children in difficult circumstances. The Canadian Committee sent a goodwill ambassador to Côte d'Ivoire and Mali to help support to their fund-raising campaigns.

86. The regional office has begun to produce country kits for use by National Committees, journalists and NGOs. Two such kits, on Mali and Zaire, have been produced in French and English, while kits on Guinea, the Central African Republic, Gabon and Mauritania are in production. A brochure on the Bamako Initiative, produced by the regional office in French, English, Portuguese and Italian, found wide distribution, including at the International Conference for Parliamentarians and the Media held in Rome in November 1989.

B. Parliamentarians for children

87. Throughout the region, parliamentarians are manifesting their concern for CSD issues in increasingly practical ways. Working closely with local chapters of the Global Committee of Parliamentarians on Population and Development and the Inter-Parliamentary Union, UNICEF offices have had considerable success in mobilizing parliamentarians for children. Workshop and round-table activities helped in preparing the African perspective for the Rome parliamentary/media workshop, which concluded a year of distinct progress.

88. The Gambia, Liberia and Sierra Leone all held joint parliamentary/media workshops, bringing together two seemingly dissimilar groups to consider CSD issues. The workshops produced tangible results, such as media owners in Liberia committing themselves to weekly coverage of CSD and the creation of a CSD task force in the Gambia to help to implement some of the 22 resolutions adopted.

89. Along the same lines, the Togo country office has been instrumental in establishing a network of 100 parliamentarians and journalists with decision-making power, which is mounting a concerted social mobilization campaign. Parliamentarians from a number of other countries in the region have stated their intention to organize similar gatherings during the coming year.

90. UNICEF offices in Guinea and Sierra Leone have been supporting the establishment of high-level committees for children. Following the parliamentary/media conference in Sierra Leone, a core group of members of parliament formed the Parliamentary Action Group on Child Survival and Development to sensitize other parliamentarians and opinion leaders about CSD activities. In Guinea, an Action Group for the Survival and Development of Guinean Children was established to enable Guinean artists and intellectuals to contribute to the survival and harmonious development of children.

C. The Convention on the Rights of the Child

91. Most countries in the region have expressed overwhelming support for the Convention on the Rights of the Child and have indicated their intention to ratify it.

92. Much of the groundwork for a variety of Convention activities was laid at the West African Regional Seminar on Children's Rights, held at Dakar in November 1988. Organized jointly by the National Organization for Human Rights in Senegal and UNICEF, the seminar brought together representatives from 14 countries members of the Economic Community of West African States. In what has become known as the Dakar Declaration, African Governments are urged to take measures to promote the rights of the child, to ratify the Convention "in the shortest possible time" and to put in place mechanisms for monitoring compliance.

93. The UNICEF offices in the region worked with great enthusiasm for the adoption of the Convention throughout 1989. At a meeting of the Union of African Parliaments' Executive Committee in the Central African Republic, UNICEF was specifically singled out for its efforts to have children placed high on the political agenda. The 1989 Africa Parliamentary Council Workshop on Population and Development, in which UNICEF actively participated, pledged its total support for the adoption and ratification of the Convention. "Days of reflection" were organized in Burkina Faso, Guinea and Mauritania, stimulating awareness among a cross-section of the population on child issues related to the Convention.

94. The Côte d'Ivoire country office and the regional office collaborated with the Association of African Jurists in organizing a highly visible Seminar on the Protection of the Ivoirian Child at the National Assembly, followed by a live televized debate on children in difficult circumstances and the Convention, in which the Regional Director participated.

D. Strengthening partnerships

95. The regional office continued to strengthen and expand partnerships with political, social and cultural organizations in CSD activities. The Third Pan African Symposium of Artists and Intellectuals, bringing together traditional story tellers (griots) with more modern communicators, such as poets, authors and filmmakers, was held in Bamako. Working sessions were treated to artistic renditions of health messages and also stressed ways for artists and intellectuals to promote CSD.

96. In Nigeria, the UNICEF office has strengthened its NGO unit and has a close working relationship with the country's largest NGOs, which have a combined membership of 2.5 million people. In 1990, expanded support may be given to NGOs, many of whom find their origins in early missionary health activities, in their health programmes, augmenting government efforts to reach UCI.

97. Occasionally, partnerships may exist with one dedicated individual, whose influence and contribution can be extraordinary. Kak Dee, a Ghanaian runner, journeyed the 4,500 miles from Dakar to Cotonou (Benin) on foot, spreading the cause of children and UNICEF.

98. The religious communities of Africa contain immense possibilities for co-operation. Almost all country offices sponsored religious leaders to attend the All-Africa Conference of Churches in Lomé. Many meetings were held with representatives of different religions. An important encounter took place in Sierra Leone, where Islamic leaders gathered to learn about the situation of women and children in their country, resulting in the formation of the Islamic Action Group for Children.

99. Co-operation with other United Nations agencies improved considerably in several countries, but there is room for further improvement. Solutions are urgently needed to questions relating to synchronized programme cycles, information-sharing on agency programming policies and procedures and the institutionalization of regular donor government meetings to assess development policies. This has been done in Liberia, where the Monrovia donors' group meets regularly to discuss those issues. The UNICEF Liberia Office organized an innovative country programme exercise workshop to inform partners on the methods used in preparing the next country programme.

E. Greeting Card Operation

100. In virtually every country of the region, greeting card sales increased. With a regular clientele now firmly established in expatriate communities, efforts in 1990 will be stepped up to increase sales among the national population.

101. Many country offices have commented that the selection of greeting cards for Africa should be more adapted to the needs of its market. This and other issues of particular concern to the region were discussed at the Greeting Card Operation marketing workshop being held in Abidjan in January 1990.

102. The marketing of greeting cards is now being extended beyond the year-end season so as to capture a share in the card market that focuses on religious celebrations such as Ramadan and Easter, as well as weddings, birthdays and other appropriate occasions.

103. Distribution outlets have been expanded in large cities such as Dakar and Abidjan, where sales can focus on special events. Direct-mail campaigns have been launched to make inroads with the private sector. The sales effort was supported by free advertizing in newspapers and on television, which regularly broadcast publicity spots produced by the regional office.

VIII. OPERATIONAL AND MANAGEMENT ISSUES

A. Logistics and supply operations

104. Supplies continue to represent a large part of total UNICEF assistance, and the requirements of UCI by 1990 and the Bamako Initiative will ensure the continuation of this trend.

105. The share of local procurement differs from country to country, ranging from about 3 to 27 per cent. These purchases consist primarily of vehicle spare parts, construction materials, office equipment and fuel. A better knowledge of what is locally available is the principal reason for a substantial increase in local procurement in the region. In Nigeria, for example, bicycles, manioc mills and water-pump accessories were purchased locally.

106. The majority of offshore procurement consists of supplies for EPI (vaccines, cold chain, sterilization equipment and syringes), the Bamako Initiative (essential drugs and other medical supplies) and logistical equipment (vehicles and other transportation equipment).

107. Two opposing trends are visible for reimbursable procurement. In the case of Nigeria, reimbursable procurement is declining as a result of the economic crisis. In the case of the Bamako Initiative, however, the tendency is expected to be extremely positive because of large essential drugs requirements. The lack of sufficient foreign exchange is a serious constraint for Governments. In Sierra Leone, UNICEF and the United Nations Development Programme (UNDP) facilitate the conversion of local currency into hard currency.

108. Several constraints should be noted in the supply procurement process. A major supply problem is caused by trans-shipment delays in European ports of material and equipment of Japanese origin. In particular, the delivery of vehicles, spare parts and motorcycles is often seriously impaired. Another problem relates to warehousing as physical structures are often inadequate. A lack of qualified personnel capable of effectively managing and controlling inventory and distribution, resulting in damaged or otherwise spoiled stock or outright theft, exacerbates an already difficult situation. It seems that the ordering of supplies is not always properly planned in accordance with the planning of programme activities. There is, therefore, a growing need to improve the co-ordination of supply procurement with the actual pace of project implementation.

109. Some positive developments should be noted. Several seaports and airports in the region have improved their security. In Sierra Leone, uniformed harbour patrol has greatly reduced the number of thefts. The UNICEF office in Nigeria has been permitted to effect its own customs clearing, which has led to a considerable reduction in delays. Another definitive improvement has been the increased use of container transport, which has reduced freight cost for land-locked nations, as well as for Nigeria and Sierra Leone.

110. In too many cases, the UNICEF offices are required to support the in-country distribution of supplies in the absence of logistical or financial capabilities among assisted Governments. For instance, the Bamako office has distributed 483 tons of goods and equipment over a distance of 129,148 kilometres during the year. In the Central African Republic, the French army assists the UNICEF office with the transportation of supplies to remote areas. In contrast, the Government of Zaire makes counterpart funds available to UNICEF to cover the cost of transportation.

B. Regional staffing

111. The UNICEF offices in Conakry (Guinea) and Niamey implemented the new seven-grade level General Service post classification methodology, resulting in a change in level of 20 per cent of the posts in Conakry.

112. A local salary survey was conducted in Conakry, resulting in an increase of over 100 per cent in General Service salaries. Owing to the current economic situation in Ghana, an interim salary scale adjustment was conducted at the recommendation of the regional office. An across-the-board increase of over 26 per cent in General Service salaries followed, and was made retroactive to 1 January 1988. A salary survey is planned by UNDP in Abidjan in early 1990. Prior to the survey, all General Service posts will be reviewed using the new job classification methodology.

113. Important staff changes took place at the regional office. The posts of Intergovernmental Relations Officer, Regional EPI/UCI Officer, Operations Officer, Regional Economic Analyst and Administration/Personnel Officer were all filled in 1989, while the posts of Regional Water and Sanitation Adviser, Monitoring and Evaluation Officer and Supply Officer were abolished.

C. Regional training

114. In line with the objectives of the UNICEF medium-term plan, regional training activities have been greatly expanded. In 1989, regional workshops were organized on programme policies and procedures, supply, the revised PIDB system, the Bamako Initiative, EPI and computer applications, in particular the global field support system (GFSS). More than 200 field and regional office staff took part in these training workshops.

115. The regional office plans to consolidate further the regional training process in close collaboration with the headquarters' Training Section, elaborating comprehensive training plans for field offices for 1990 and beyond.

D. Process of computerization

116. Up to the end of 1988, all offices of the region had received the minimum equipment necessary to cope with their needs, particularly for word processing. A number of them had also introduced at least some modules of GFSS.

117. A proposal concerning the minimum equipment required to run the UNICEF information system and the most suitable way to introduce it effectively in each country was presented and accepted during the last Budget Planning and Review Committee meeting. According to this plan, at the end of 1989, all offices should be in a position to use GFSS, not only as a financial accounting tool but also to monitor basic assistant lists and programme output.

118. Accordingly, during 1989, all country offices were equipped with PC 280 computers. In addition, four consultants were hired to help country and sub-offices to train their staff in the utilization of GFSS. A workshop on the use of the new version 1.3 of GFSS was successfully conducted during November 1989.